



STATE OF MINNESOTA

Board of Private Detective and Protective Agent Services

1430 Maryland Avenue East, St. Paul MN 55106

OFFICER CHANGE APPLICATION FORM

THIS IS REQUIRED DOCUMENTATION FOR REPLACING AN OFFICER OF A CORPORATION

* A written notice of the officer change, as well as the application materials are **due within seven days** of the change per Minnesota Statute 326.3385 subd.2.

** As an applicant, if you are currently involved in law enforcement employment, this application should be discussed with department representatives so that appropriate policies and guidelines are addressed.

QUALIFIED REPRESENTATIVE AND MINNESOTA MANAGER OFFICER CHANGE FEES		
PRIVATE DETECTIVE	Corporation: \$950.00	Partnership: \$850.00
PROTECTIVE AGENT	Corporation: \$900.00	Partnership: \$800.00

*** There are no fees for CEO/CFO Officer Changes.

LICENSE TYPE (please check one): **PRIVATE DETECTIVE** **PROTECTIVE AGENT** **LICENSE NUMBER:** _____

LICENSE HOLDER Business Name(s):			
<i>(any and all names used in association with the license must be listed here and registered with the MN Secretary of State's Office)</i>			
PLEASE CHECK ONE OR MORE OF THE POSITIONS LISTED BELOW IN WHICH YOU ARE APPLYING FOR			
<input type="checkbox"/> Chief Executive Officer (CEO)	<input type="checkbox"/> Chief Financial Officer (CFO)	<input type="checkbox"/> Qualified Representative (QR)	<input type="checkbox"/> Minnesota Manager (MM)
Officer Change FROM (Name):		Officer Change TO (Name):	
Date of Change (MM/DD/YY):		Date the Board was notified of the change (MM/DD/YY):	



APPLICANT INFORMATION				
Full Name:		Date of Birth:	Sex:	
Address of Legal Residence:			Email Address:	
Date of Legal Residence Established:	Home Phone:		County/State of Birth:	
PRIOR RESIDENCES FOR THE PAST FIVE YEARS				
<i>(attach additional sheets if necessary, include all requested information; if this is not applicable, please indicate so):</i>				
Dates From (MM/DD/YY) / To (MM/DD/YY)	Street Address	City	State	Zip Code
HAVE YOU EVER RESIDED IN ANOTHER STATE? (If yes, please list below, attach additional sheets if necessary)				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dates From (MM/DD/YY) / To (MM/DD/YY)	Street Address	City	State	Zip Code



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APPLICANT EMPLOYMENT INFORMATION

Present Employer:	Your Position/Title:
Employer's Corporate Business Address <i>(if applicable)</i> :	
Employer's Minnesota Business Address <i>(required)</i> :	
Supervisor's Name:	

LIST OF COMPLETE EMPLOYMENT HISTORY *(attach additional sheets if necessary, include all requested information)*

Dates From / To	Employer	Title	Address	Phone Number	Supervisor

PLEASE ANSWER THE FOLLOWING QUESTIONS *(attach additional sheets if necessary)*

Do you hold, or have ever held, a comparable license for this activity in any other state? <i>(If yes, please specify below, attach additional sheets if necessary)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had any disciplinary actions against any other comparable license in any other state? <i>(If yes, please specify below, attach additional sheets if necessary)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever voluntarily surrendered a professional license? <i>(If yes, please specify below)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have any of your professional licenses ever been suspended or revoked? <i>(If yes, please specify below)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a crime? <i>(If yes, please specify below. Attach additional sheets if necessary and include all requested information)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date (MM/DD/YY)	Jurisdiction	Disposition



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Specifically describe the general scope of business you are proposing:

VERY specifically describe the duties and responsibilities you will assume in this proposed business:

CHECKLIST (please complete the checklist by checking off the boxes next to the items completed)

- Application form with **ALL** requested information and appropriate signature(s). Minnesota Statute §326.3382 Subd. 1
- References (original documents) (5 each). MS §326.3382 Subd. 2 (1).
- Signed request for criminal history information (Informed Consent Form). MS §326.336, Subd. 1.
- A full set of fingerprints AND a recent durable photograph. MS §326.3382, Subd. 2, (2).
- If* position change is for Qualified Representative or Minnesota Manager, a Documentation of Work Experience for Candidate form must be submitted from each present and prior employer for which experience was gained applicable to the license being applied for.
*** If this is for a Chief Executive Officer (CEO) or Chief Financial Officer (CFO) this documentation is not required.*
- If* position change is for Qualified Representative or Minnesota Manager, or change in license status, check made payable to: "MN Private Detective and Protective Agent Services Board" is required. See above for the appropriate fee.
*** If this is for a Chief Executive Officer (CEO) or Chief Financial Officer (CFO), a fee is not required.*

APPLICANT ACKNOWLEDGEMENT AND VERIFICATION

I AFFIRM THAT ALL INFORMATION AND DOCUMENTATION IN THIS OFFICER CHANGE APPLICATION IS TRUE AND CORRECT, AND THAT I HAVE COMPLETED EACH ITEM ON THE CHECKLIST AND FILLED OUT THE CHECKLIST. I AFFIRM THAT I HAVE READ AND UNDERSTAND THE REQUIREMENTS, RESPONSIBILITIES, AND ACCOUNTABILITIES AS OUTLINED IN MINNESOTA STATUTES §326.32-326.339 AND MINNESOTA ADMINISTRATIVE RULES 7605.0100-7506.2900.

NEW OFFICER SIGNATURE: _____ **DATE:** _____



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REFERENCE RESPONSE FORM

THIS FORM MAY BE REPRODUCED FOR USE BY THE APPLICANT

** In serving as a reference, you should understand that you must not be related by blood or marriage to the reference subject in a license application. Further, you must have known the subject for a minimum of five (5) years, pursuant to MS §326.3382, subd.2(a)(1).*

REFERENCE SUBJECT (APPLICANT NAME)

REFERENCE INFORMATION	
Full Name:	Day Time Phone Number:
Address of Legal Residence:	

PLEASE ANSWER THE FOLLOWING QUESTIONS:		
Do you understand that the above named reference subject is involved in an application for private detective/investigator or protective agent license application in the State of Minnesota?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How long have you known the reference subject?		
Is this association personal or professional?	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> PROFESSIONAL
How frequently do you have contact with the reference subject?		
What comment(s) would you make as to the reference subject's character, honesty, and integrity?		
In a <u>paragraph</u> , describe your association with the reference subject:		
To your knowledge, has the reference subject ever been convicted of a crime? If so, please specify the nature, date, and place of the conviction below.		<input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCE ACKNOWLEDGEMENT AND VERIFICATION	
I AFFIRM THAT ALL INFORMATION IN THIS REFERENCE FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
REFERENCE SIGNATURE: _____	DATE: _____



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INFORMED CONSENT FORM

Minnesota Statutes 326.32-326.339 directs the licensing of private detectives/investigators and protective agent services, and that a criminal history background investigation will be conducted on each person signing an application for licensure. The original signed form(s) need to be submitted with all license applications.

The Minnesota Data Practices Act requires a signed statement by the subject, acknowledging the informed consent of the person, for the release of information. The form below gives the Board of Private Detective and Protective Agent Services the authorization to check the criminal history record data. At no time in the application process, or in the file of a license holder, is this information made public without the consent of the subject.

The following named individual has made application, or is involved in an application for Private Detective or Protective Agent. Pursuant to Minnesota State Statute, 326.3381, Subd. 3(1), a criminal history record check is being requested. This form is to serve as the acknowledgment of the signer’s informed consent to such a check.

PLEASE PRINT FULL NAME OF APPLICANT

Last:	First:	Middle:
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DATE OF BIRTH (MM/DD/YYYY):

MAIDEN NAME and/or OTHER NAMES USED

Last:	First:	Middle:
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Last:	First:	Middle:
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APPLICANT ACKNOWLEDGEMENT AND VERIFICATION

I AUTHORIZE THE MINNESOTA BUREAU OF CRIMINAL APPREHENSION TO DISCLOSE CRIMINAL HISTORY RECORD INFORMATION TO THE BOARD OF PRIVATE DETECTIVE AND PROTECTIVE AGENT SERVICES FOR THE PURPOSE OF SUBSTANTIATING MY CHARACTER AND INTEGRITY FOR SUCH A LICENSE.

SUBJECT SIGNATURE: _____ DATE: _____