**Minnesota Private Detective And Protective Agent Services Board**
**1430 Maryland Avenue East**
**St. Paul, MN 55106**
**Phone: 651-793-2666 Fax: 651-793-7065**

# APPLICATION FOR BOARD CERTIFIED TRAINING

This form is to be completed by the owner/operator of training organization seeking approval to offer training as part of the Administrative Rules of the Board. This may include, but is not limited to, individuals, corporations, out-of-state individuals or companies, and colleges/universities.

## Individual/Organization Information:

| | |
|---|---|
| **TRAINING PROVIDER(NAME):** | **PRIMARY CONTACT:** |
| **ADDRESS (MAILING AND PHYSICAL ADDRESS):** | |
| **PHONE NUMBER:** | **FAX NUMBER:** |
| **E-MAIL ADDRESS:** | **WEBSITE INFORMATION:** |

Please list all Owners, Partners, Managers and Officers of the identified training provider/organization. This list will include addresses, phone numbers and fax numbers of those persons.

| NAME/TITLE | ADDRESS | PHONE NO. |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |