



Minnesota Private Detective And Protective Agent Services Board

1430 Maryland Avenue East

St. Paul, MN 55106

Phone: 651-793-2666 Fax: 651-793-7065

Course Identification Application

Course Type (check all that apply):

PREASSIGNMENT

Protective Agent _____

Private Detective _____

If you have named your preassignment course please list title:
Instructor(s):
Date/Dates of course:
Location(s) of course:
Time of course:
Number of training hours (50 minute = one training hour): <input type="text"/>
Statement as to how students will be evaluated:

CONTINUING GENERAL EDUCATION

Protective Agent _____

Private Detective _____

Name of Continuing Training Course:
Instructor(s):
Date/Dates of course:
Location(s) of course:
Time of course:
Number of training hours (50 minutes = one training hour): <input type="text"/>
Statement as to how students will be evaluated:

INITIAL ARMED

Type of Weapon:
Instructor(s):
Date/Dates of course:
Location(s) of course:
Time of course:
Number of training hours (50 minutes = one training hours): <input type="text"/>
Statement as to how students will be evaluated:

CONTINUING ARMED EDUCATION

Type of Weapon:
Instructor(s):
Date/Dates of course:
Location(s) of course:
Time of course:
Number of training hours (50 minutes = one training hours): <input type="text"/>
Statement as to how students will be evaluated:

I affirm that the information given here is, to the best of my knowledge, complete and accurate and that I am the instructor for this course.

Signature _____ Date _____

Training provider, if you intend to offer this course on a variety of dates and locations, please provide all dates, times and locations on an addendum page.

Training provider, if you are a licensed private detective or protective agent seeking approval of your course in order to train your own personnel, please specify whether or not you will accept attendees other than your own employees, Yes _____ No _____ If yes, provide acceptance parameters on an addendum page.

Any changes (including cancellation) to the instructors, dates, times, locations of approved course, and/or student evaluation procedures, must be reported to the board in advance of the change being made, within 10 days of the change if prior notice was not possible. Such notification can be done by facsimile (651/793-7065), or to the Board's e-mail address mn.pdb@state.mn.us