

New License Application Request Form



BOARD OF PRIVATE DETECTIVE
AND PROTECTIVE AGENT SERVICES

Full Name:

Date of Request:

Business Name (if applicable):

Mailing Address:

Email (required):

Phone:

What Type of License Are you Requesting?

Private Detective / Investigator
Protective Agent / Private Security

What Level of License Are you Requesting?

Individual (this is not a guard card)
Partnership / LLP
Corporate / LLC (required if your business is registered as an LLC)

Application packet will be emailed to you once our office receives the \$25 required application request fee (check or money order only)

Mail payment to:
Board of Private Detective and Protective Agent Services
1430 Maryland Ave E., St. Paul, MN 55106

mn.pdb@state.mn.us | (651) 793-2669

<https://dps.mn.gov/entity/pdb/Pages/default.aspx>