



Department of Public Safety Standards and Training
 4190 Aumsville Hwy SE, Salem, OR 97317
 Phone (503) 378-8530 Fax (503) 378-4600

Private Investigator Renewal Application

NAME _____ ID NO. _____
 SSN _____ EMPLOYER _____
 HOME ADDRESS _____ HOME PHONE () _____
 CITY/STATE/ZIP _____ WORK PHONE () _____
 BUSINESS E-MAIL ADDRESS _____

FEEES
 Renewal \$550
 Late \$25
 Submit 2 new
 passport
 Photo's

Submit Fee's , photo's & Continuing education documentation with this form

Deadline: Your renewal application and support documentation **MUST BE RECEIVED ON OR BEFORE** your date of Expiration.

*If your application is late, you **MUST** pay the late renewal fee. Your license will be considered expired and you cannot work as an investigator until your license is renewed. If your application and/or fees are received more than thirty days past the renewal date, your license cannot be reinstated. Per ORS 703.445 you will forfeit the right to work as an investigator in this state, and must comply with all initial application procedures in order to be licensed again.

BUSINESS ADDRESS (This address will show on your license and the website .)	___ New address	MAILING ADDRESS	___ New address
_____	_____	_____	_____
_____	_____	_____	_____

Answer all the questions below: Pursuant to ORS 703.450 (4) A licensed investigator may not commit an act that reflects adversely on the investigators honesty, integrity, trustworthiness or fitness to engage in business as an investigator.

- Have you ever in your lifetime been convicted of a felony or misdemeanor? YES _____ NO _____
- Have you ever in your lifetime been charged with a felony/misdemeanor and agreed to a stipulation or settlement in lieu of conviction? YES _____ NO _____
- Been the subject of a complaint , lawsuit or arbitration regarding your investigative services? YES _____ NO _____
- Have conditions/restrictions ever been placed on your investigative license/ registration held in this or another state or jurisdiction? YES _____ NO _____
- Have any claims ever been filed against your surety bond, irrevocable letter of credit or errors and omissions insurance policy? YES _____ NO _____
- Has your investigative license/registration ever been revoked or suspended? or have you ever been censured, reprimanded or put on a period of probation for any investigative/ license/registration? YES _____ NO _____

If you answered YES to any of the above questions please provide a written explanation of the issue and its current status or resolution.

CERTIFICATION: I hereby certify that all of the information given in this application and any support documentation submitted is true and correct. I understand that any falsification could result in denial of my renewal application, suspension and/ or revocation of my license.

Date _____ SSN# _____ Signature _____

*As part of your application for an initial or renewed occupational, professional or recreational license, certification or registration issued by DPSST, you are required to provide your Social Security Number. This is mandatory. The authority for this requirement is Oregon Laws 1997, Chapter 746, § 117 (ORS 25.785) and 42 USC § 666(a)(13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification, or registration you seek. Although a number other than your Social Security Number appears on the face of the licenses issued by DPSST, your Social Security Number will remain on file with DPSST. This record of your Social Security Number will be used for the purposes of taxation, child support enforcement, criminal background checks and exam identification only, unless you authorize other uses of the number.