

GEORGIA STATE BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES
237 COLISEUM DRIVE
MACON, GA 31217
TELEPHONE: 478.207.2440

INFORMATION SHEET FOR COMPANY LICENSURE

IMPORTANT: Review the Qualifications for Examination listed below BEFORE MAKING APPLICATION. Ensure that you can qualify for the examination before you make application; otherwise, you risk the loss of the application fee. Application fees are NON-REFUNDABLE.

All company licenses are valid for up to two years, and expire on June 30 of odd years. Renewal fees will be due at that time to maintain the license. If your application for licensure is approved, your initial license may be valid for a shorter time period, due to the relation between the date your initial license is issued and the expiration date of all company licenses.

QUALIFICATIONS FOR PRIVATE DETECTIVE EXAMINATION (FROM O.C.G.A. § 43-38-6):

1. An applicant must be at least eighteen (18) years of age;
2. An applicant is a citizen of the United States, or a registered resident alien;
3. An applicant is of good moral character;
4. An applicant has not been convicted of a felony or any crime involving the illegal use, carrying, or possession of a dangerous weapon or any crime involving moral turpitude (see O.C.G.A. § 43-38-6(4) for board discretion in granting licensure);
5. An applicant has not committed an act constituting dishonesty or fraud;
6. An applicant must have at least one of the following qualifications:
 - A. Two (2) years of full-time experience as a registered private detective employee with a licensed detective company;
 - B. Two (2) years of full-time experience in law enforcement with a federal, state, county, or municipal police department as defined in OCGA § 35-8-2 (8);
 - C. A four (4)-year degree in criminal justice or a related field from an accredited college or university.

QUALIFICATIONS FOR PRIVATE SECURITY EXAMINATION (FROM O.C.G.A. § 43-38-6):

1. An applicant must be at least eighteen (18) years of age;
2. An applicant is a citizen of the United States, or a registered resident alien;
3. An applicant is of good moral character;
4. An applicant has not been convicted of a felony or any crime involving the illegal use, carrying, or possession of a dangerous weapon or any crime involving moral turpitude (see O.C.G.A. § 43-38-6(4) for board discretion in granting licensure);
5. An applicant has not committed an act constituting dishonesty or fraud;
6. An applicant must have at least one of the following qualifications:
 - A. Two (2) years of full-time experience as a supervisor or administrator in in-house security operations, or with a licensed security agency;
 - B. Two (2) years of full-time experience in law enforcement with a federal, state, county, or municipal police department as defined in OCGA § 35-8-2 (8);
 - C. A four (4)-year degree in criminal justice or a related field from an accredited college or university.

THE APPLICATION PROCESS

Submit a completed application. NOTE: Applicants for company license who intend to provide both private detective and private security services must submit a separate application (an application for Private Detective Company, and an application for Private Security Company.) A completed application consists of the following information:

1. A company application with each question on the application answered to the best of the applicant's ability. The employee registration application is a necessary part of the company application package.
2. Applicants approved by the Board to take the appropriate exam must schedule the examination with PSI. The approval notification from PSI will direct approved applicants to the PSI website to schedule an examination.
3. A completed LiveScan fingerprinting from an approved GAPS service site. Register for fingerprinting at www.ga.cogentid.com. If you prefer, you can register by phone at 1.888.439.2512.

When registering, the ORI number to use is GA920240Z.

The Verification Code is 920240Z.

The reason for registration is Private Detective/Security Business

***NOTE:* If the applying company is a partnership or corporate entity, the fingerprints submitted must be for the designee of the company.

4. A 2"X2" frontal view photograph of the applicant attached in the designated area on the Employee Registration Application included in this package.
***NOTE:* If the applying company is a partnership or corporate entity, the applicant will be the designee of the company.
5. An original NOTARIZED letter of experience from the applicant's employer where the two years of experience was obtained. The letter must include the exact dates of full-time employment, and positions and duties held by the applicant. If the experience used to qualify the applicant is from law enforcement, the letter must include P.O.S.T. certification qualifications. The letter must be signed by the personnel department of the company/organization, or by a responsible officer/supervisor of the company/organization, on company letterhead.
***NOTE:* Certificates, Letters of Commendation, copies of licenses, resumes, self-written letters of experience, and like documents ARE NOT ACCEPTABLE as proof of two years of experience.
6. If the applying company is an out-of-state company, submit an original NOTARIZED letter of certification from the state(s) in which the company holds or has held a license. Additionally, the individual making application as the license holder for the company must submit an original NOTARIZED letter of certification from the state(s) in which the individual holds or has held a license or registration.
7. If the applying company is a Georgia corporate entity, submit CERTIFIED documentation that the applicant for the company is a corporate officer. If the applying company is an LLC, partnership, or any other entity, submit CERTIFIED documentation that the applicant for the company is an officer of the entity.
8. If applying with a four-year degree in criminal justice or a related field from an accredited college or university, the applicant must submit an original CERTIFIED transcript or letter in a sealed envelope from the institution. The sealed transcript or letter must be submitted with the application.
***NOTE:* A copy of the transcript or letter will not suffice. If the degree is not in criminal justice, the Board will review the transcript to determine if the courses completed for the degree are sufficient to grant licensure based on the degree.
9. The applicant must also submit an Application for Employee Registration to obtain a personal registration.

****NOTE:** An application for a weapon permit is not required to be submitted if the license holder will not carry a weapon.

10. Original Surety Bond (\$25,000) OR

Original Certificate of Liability Insurance (\$1 million) OR
Certified Audited Financial Statement (in excess of \$50,000).

****NOTE:** Bond/Insurance/Financial Statement is not required until successful completion of exam.

Disapproved applicants will be notified by the Board office

EXAMINATIONS

The Board does not provide study material. The very broad nature of the scope of practice makes it difficult to provide study material.

****The Board office staff does not have information on where study material may be obtained.**

The Private Detective examination will consist of questions in the following areas:

- Legal observation/surveillance
- Gun safety and handling
- Obtaining and preserving evidence
- Interview/interrogation
- Client relation/administration

The Security Company examination will consist of questions in the following areas:

- Search and seizure
- Use of force
- Rights of privacy
- Carrying arms
- Transfer of detainee/offender
- Scope of services
- Developing service plans/contracts
- Liability

****If you have a disability and may require an accommodation, complete the “Request for Disability Accommodation Guidelines” form and return with your application and acceptable documentation of your disability.**

Successful applicants must submit to the Board office the remaining items necessary to complete the application:

- 1. Appropriate License Fee.**
- 2. Original \$25,000 Surety Bond with the company name exactly as it appears on the application, OR**
- 3. \$1 million (\$1,000,000) General Liability Certificate of Insurance, indicating the policy number AND the certificate holder as: Georgia State Board of Private Detective & Security Agencies, 237 Coliseum Drive, Macon, GA 31217, OR**
- 4. A certified audited financial statement showing a net worth in excess of \$50,000.00.**
- 5. Any other information requested by the Board.**

Once all the required information and fee has been submitted, processed, reviewed, and determined complete, the license will be issued.

HELPFUL HINTS

- Review the qualifications before you apply. Ensuring that you qualify for the license you seek to obtain before submitting an application and fee will help prevent the loss of the non-refundable application fee, should you discover later that you are not qualified.
- Ensure that the training instructor utilized by the company is certified by the Board. To verify that a prospective instructor is certified by the Board, you can verify licensure on our website by clicking the link entitled “License Verification” and following the instructions.
- Review your application thoroughly before you submit it to the Board office. Every question must be answered to the best of your ability. Failure to do so will result in delays in Board review. Ensure that the Application for Employee Registration is included in your submission.
- You may have your fingerprints processed at an approved GAPS service site prior to submitting your application. When registering, the ORI number to use is GA920240Z. The Verification Code is 920240Z. The reason for registering is Private Detective/Security Business. Your application will not be reviewed by the Board until we receive the results of your fingerprint-based background check.
- Ensure that the proof of experience is original and notarized by the employer with whom you received the experience. Remember that certificates and letters of commendation will not suffice for proof of experience. Failure to do so will result in delay in Board review.
- Ensure that the appropriate fee is paid for the application you are submitting.
- Ensure that the bond or certificate of insurance indicates your company name exactly as it appears on your application. Also ensure that the certificate of insurance indicates the holder as the Georgia State Board of Private Detective & Security Agencies, 237 Coliseum Drive, Macon, GA 31217. Failure to ensure that this information is accurate will result in delay in issuing your license. Also ensure that the bond is signed by the applicant. Do not write the business name in the signature line.
- If applying as a corporate entity, ensure that the proper corporate documents are submitted that indicate that the designee for the company license is an officer of the corporation.

All information should be mailed to the Board office by addressing correspondence to:

Georgia State Board of Private Detective & Security Agencies
237 Coliseum Drive, Macon, GA 31217

GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES

FEE SCHEDULE

ALL APPLICATION FEES ARE NON-REFUNDABLE

COMPANY LICENSURE FEES

INITIAL LICENSURE	APPLICATION FEE	LICENSE FEE	TOTAL FEE
Detective Company	\$100.00	\$300.00	\$400.00
Security Company	\$100.00	\$500.00	\$600.00

ADDITIONAL COMPANY FEES

Replacement Fee for Lost or Destroyed License	\$ 25.00
Application Fee for Change of Company Name	\$ 25.00
Application Fee for Change of Address	\$ 25.00
Renewal Fee - Detective Company	\$ 300.00
Late Renewal Fee – Detective Company	\$400.00
Reinstatement Fee – Detective Company	\$450.00
Renewal Fee - Security Company	\$500.00
Late Renewal Fee – Security Company	\$600.00
Reinstatement Fee – Security Company	\$750.00
Renewal Fee - Detective & Security Company	\$700.00
Late Renewal Fee – Detective & Security Company	\$800.00

EMPLOYEE REGISTRATION FEES

Unarmed Detective Employees	\$ 45.00
Armed Detective Employees	\$ 70.00
Armed Security Guard Employees	\$ 70.00
Renewal Fee – All Employee Registrations	\$ 65.00
Late Renewal Fee – All Employee Registrations	\$ 80.00
Fee for Additional Weapon, or Change of Weapon Type	\$ 25.00
Replacement Fee for Lost or Destroyed License	\$ 25.00

TRAINING INSTRUCTOR FEES

Certification of Training Instructor Fee	\$100.00
Renewal Fee	\$100.00
Late Renewal Fee	\$150.00
Replacement Fee for Lost or Destroyed License	\$ 25.00

As part of a background investigation to determine suitability for the issuance of a license by the Georgia Board of Private Detective & Security Agencies, please answer the following questions. If you answer "Yes" to any questions, give a brief explanation of your answer. Attach additional pages, if necessary.

1. Has the company ever been the subject of an investigation or litigation that was conducted by a federal, state, or local agency? _____ YES NO

2. Has the company ever had a professional license or certification revoked, suspended, or modified for any reason? _____ YES NO

3. Has the company or any principal ever been reprimanded, placed on probation, or otherwise disciplined by a professional licensing or certification body? _____ YES NO

4. Has any principal ever been disciplined or cited for a breach of ethics or unprofessional conduct? _____ YES NO

5. Has any principal ever resigned or been discharged from any position with pending criminal or administrative charges? _____ YES NO

6. Has the company ever been prohibited from doing business with the State of Georgia, the United States Government, or any local or state government? _____ YES NO

7. Is the agency now, or has the agency previously been licensed as a private detective &/or private security agency in Georgia, or in any other state? If so, list the state(s) and the expiration date(s) of the license(s). _____ YES NO

8. Has the agency ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of, or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state? **If so, you must attach a detailed explanation.** YES NO

QUALIFYING EXPERIENCE OF THE LICENSE HOLDER LISTED ON PAGE 1

Have you ever held a position of supervisor or administrator with a licensed private security agency or with in-house security operations? If so, provide the following information: YES NO

Agency or In-House Operations Name: _____

Title Held: _____ No. of Years: _____ No. of Security Personnel Under Your Supervision: _____

You must provide an original notarized letter from the employer, verifying your experience.

Have you been employed full-time with a licensed private detective agency? If so, list your registration number _____ and agency name _____ YES NO

You must also provide verification of experience as detailed in the instructions.

Have you ever held a license for a private investigative agency, private security agency, or licensed in-house security operations? If so, provide the following information: YES NO

Agency or In-House Operations Name: _____

Other Business Name(s) Used : _____

Agency License Number: _____

Are you now, or have you ever been certified through P.O.S.T.? YES NO

If yes, you must provide a copy of your certification.

If yes , provide the type of certification: _____.

Have you ever had a disciplinary action taken against your certification? **If yes, you must provide documentation of the case, including the final outcome.** YES NO

Have you served in the armed forces? **Attach a copy of your Form DD-214.** YES NO

If so, please list the highest rank achieved: _____

List any duties assigned or experience gained that you feel qualify you to hold a license for private detective or security agency:

Have you obtained a four-year degree from a college, university, or institution of higher learning with a major in Criminal Justice or a related field? If yes, complete the following: YES NO

Name of Institution: _____ Degree(s) Earned: _____

In what field(s)?: _____

**** You must provide an original certified copy of the transcript or an original letter from the institution verifying this information. ****

OWNERSHIP/RELATIONSHIP INFORMATION

SOLE PROPRIETORSHIP

OWNER NAME: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

CORPORATIONS & LIMITED LIABILITY COMPANIES

DATE REGISTERED WITH GA SECRETARY OF STATE: _____

**LIST PRINCIPAL OFFICERS/MEMBERS
(ATTACH ADDITIONAL PAGES, IF NECESSARY)**

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PARTNERSHIPS

**LIST PARTNERS
(ATTACH ADDITIONAL PAGES, IF NECESSARY)**

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE

DESIGNEE FOR A CORPORATION OR LLC

PLEASE PRINT NAMES

I, _____, HEREBY NAME
PRESIDENT, SECRETARY, OR MANAGING MEMBER OF CORPORATION OR LLC

DESIGNEE

AS THE DESIGNATED AGENT FOR THE CORPORATION OR LLC THAT APPEARS ON THIS APPLICATION FOR LICENSURE. THIS AFFIDAVIT GIVES THE DESIGNEE ALL RIGHTS AND RESPONSIBILITIES OF A LICENSE HOLDER ON BEHALF OF THE CORPORATION OR LLC AND SHALL PROVIDE THAT ACTIONS OR OMISSIONS OF THE CORPORATION OR LLC, ITS OFFICERS, MEMBERS, EMPLOYEES, AGENTS, ASSIGNS, OR DESIGNEES IN VIOLATION OF THE GEORGIA PRIVATE DETECTIVE & SECURITY AGENCIES ACT OR IN VIOLATION OF THE GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES RULES SHALL SUBJECT THE LICENSE HOLDER AND THE CORPORATION OR LLC TO ANY SANCTIONS WHICH MAY BE IMPOSED UNDER THE GEORGIA PRIVATE DETECTIVE & SECURITY AGENCIES ACT OR UNDER THE GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES RULES.

WE UNDERSTAND THAT THE LICENSE IS NOT TRANSFERRABLE, AND SHOULD THE DESIGNATED AGENT TERMINATE EMPLOYMENT OR OTHERWISE BECOMES UNAUTHORIZED TO HOLD THE LICENSE, A NEW APPLICATION WILL BE REQUIRED.

SIGNATURES

PRESIDENT, SECRETARY, OR MANAGING MEMBER OF CORPORATION OR LLC

DATE

DESIGNATED LICENSE HOLDER

DATE

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

SEAL

Provide information on the types of services your agency will offer:

AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Board of Private Detective & Security Agencies, and I agree to abide by these laws and rules, as amended from time to time.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, **the Board may suspend my registration without a prior hearing.** I shall be entitled to a hearing after the suspension of my registration.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document as indicated on pages 13 and 14 of the application.**
- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

SIGNATURE OF THE APPLICANT

DATE

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____



GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES

STATE OF GEORGIA

BOND

BOND NUMBER: _____

COUNTY _____

KNOW ALL MEN BY THESE PRESENTS

That we, _____, as
Principal/Licensee, and

_____ as Surety/Company, are held and firmly bound
unto **HIS EXCELLENCY**, Governor of Georgia, and his successors in office in the just sum of **TWENTY-FIVE THOUSAND
AND NO/100 (\$25,000) DOLLARS**, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors
and administrators, each and every one of them, jointly and severally, by these presents.

It is further understood and agreed that this bond is for a period beginning on the _____ day of _____,
_____, _____, and ending on the _____ day of _____,
_____.

Whereas, the above bound Principal/Licensee has made application to the Georgia Board of Private Detective & Security
Agencies for a license as Private Detective/Security Agency in accordance with the laws governing the Private Detective and
Security Agencies in the State of Georgia;

It is a condition of this bond that the said Principal/Licensee is to comply with all of the laws governing the acts of Private
Detective and Security Agencies in Georgia.

A further condition of this bond is that the Principal/Licensee and Surety/Company to this bond shall be subject to suit by
action thereon for the purpose of indemnifying any persons aggrieved by any act of the Principal/Licensee, which act is in violation
of Code Section 43-38 and would be grounds for denial, suspension, or revocation of a license under Code Section 43-38-11. Any
and all damages paid shall not exceed the amount of this bond.

Now, should the said Principal/Licensee, faithfully perform all his duties under Code Section 43-38 as a Private
Detective/Security Agency during the term for which he has been licensed, then the above bond is to be void upon expiration of his
license, else to be in full force and effect.

IN WITNESS WHEREOF, the Principal/Licensee and Surety/Company have caused these presents to be duly signed
and executed under seal, this _____ day of _____.

Signature of Principal/Licensee

Surety/Company – Name of Company

Countersigned: _____
Address

Resident Agency

By Attorney-in-Fact

IMPORTANT: BOND MUST BE SIGNED – POWER OF ATTORNEY MUST BE ATTACHED

CANCELLATION CLAUSE – No licensee shall cancel or cause to be canceled a bond ... issued pursuant to
this Code section unless the board is so informed in writing by certified mail or statutory overnight delivery at
least 30 days prior to the proposed cancellation. O.C.G.A. Section 43-38-6(d)(1).

BACKGROUND INVESTIGATION QUESTIONNAIRE

As part of a background investigation to determine your suitability for the issuance of a registration by the Georgia Board of Private Detective & Security Agencies, you are required to answer the following questions. If you answer "Yes" to any questions, give a brief explanation of your answer, including dates and places of arrest(s) &/or conviction(s) **with documentation**. Attach additional pages, if necessary. **Convictions will require certified copies of final court dispositions to be included with this application. Failure to provide final dispositions will delay consideration of your application.**

1. Are there currently any charges pending against you for a criminal offense? YES NO

2. Are you under indictment or information in any court for a felony, or any other crime, for which a judge could imprison you for more than one year? YES NO

3. Have you been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? YES NO

4. Have you ever entered a plea pursuant to the provisions of the "Georgia First Offender Act", or any other first offender act? **You must respond "Yes", if you pled and completed probation as a First Offender.** YES NO

5. Are you a fugitive from justice? _____ YES NO
6. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? _____ YES NO

7. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs), or have you ever been committed to a mental institution? _____ YES NO

8. Have you been discharged from the Armed Forces under dishonorable conditions? YES NO

9. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? YES NO

10. Have you been convicted in any court of a misdemeanor crime of domestic violence? YES NO

11. Have you ever renounced your United States citizenship? YES NO

12. Are you an alien illegally in the United States? _____ YES NO
13. Have you, or any company in which you are or were a principal, ever been the subject of an investigation or litigation that was conducted by a federal, state, or local agency? YES NO

14. Have you ever had a professional license or certification revoked, suspended, or modified for any reason? _____ YES NO

15. Have you ever been reprimanded, placed on probation, or otherwise disciplined by a professional licensing or certification body? _____ YES NO

16. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct? _____ YES NO

17. Have you ever resigned or been discharged from any position with criminal or administrative charges pending against you? _____ YES NO

18. Have you ever been prohibited from doing business with the State of Georgia, the United States Government, or any local or state government? _____ YES NO

19. Have you ever been registered with a licensed company as a private detective or security guard employee in this state? If so, list registration number, company, and approximate date of registration: _____ YES NO
20. Have you completed the required basic training for this registration? Submit a copy of the completion certificate. **If you cannot provide a copy, submit a letter to the Board detailing when you completed the training; otherwise, you will be required to complete the training.** YES NO

AFFIDAVIT OF EMPLOYER

I certify and declare that the employee for whom this application is made has been given the minimum training required under the rules and regulations of the Board, or will complete the minimum training required under the rules and regulations of the Board within 6 (six) months of hire, and that the training certificate will be maintained in the employee's file with the company. I further certify and declare that a name character background check has been made by my company on the employee, which indicates that the employee has had no felony convictions and has not displayed a disregard for the law.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE EMPLOYER

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

DATE

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

ADDRESS HISTORY

STARTING WITH YOUR CURRENT ADDRESS, LIST YOUR PREVIOUS ADDRESSES FOR THE PAST **FIVE(5)** YEARS. DATES MUST BE PROVIDED, **WITHOUT GAPS**. IF NECESSARY, USE ADDITIONAL PAGES.

DATES		STREET ADDRESS	CITY	STATE	ZIP CODE
FROM	TO				

EMPLOYMENT HISTORY

STARTING WITH YOUR CURRENT EMPLOYER, LIST YOUR EMPLOYMENT FOR THE PAST **FIVE (5)** YEARS. ALL TIME MUST BE ACCOUNTED FOR, INCLUDING PERIODS OF UNEMPLOYMENT. ALL BLOCKS MUST BE COMPLETED. IF NECESSARY, USE ADDITIONAL PAGES.

DATES		EMPLOYER	POSITION HELD	SUPERVISOR
FROM	TO			

ADDITIONAL EXPERIENCE

List any additional experience you have which has not been addressed and which you feel qualifies you for registration under the Private Detective and Security Agencies Act. Attach any documentation necessary as proof of training and/or experience.

AFFIDAVIT OF EMPLOYEE

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Board of Private Detective & Security Agencies, and I agree to abide by these laws and rules, as amended from time to time.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, **the Board may suspend my registration without a prior hearing.** I shall be entitled to a hearing after the suspension of my registration.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document as indicated on pages 8 and 9 of the application.**
- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

DATE

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

INFORMATION FOR OBTAINING A WEAPON PERMIT WITH YOUR REGISTRATION

DO NOT SUBMIT THIS INFORMATION IF YOU ARE NOT REQUESTING A WEAPON

TRAINING INFORMATION

PROVIDE THE FOLLOWING INFORMATION RELATED TO YOUR TRAINING

PLACE WHERE THE REQUIRED BASIC TRAINING WAS HELD:

NAME OF COMPANY/FACILITY & LOCATION

DATE OF COMPLETION OF REQUIRED BASIC TRAINING:

DATE

LIST THE NAME & LICENSE NUMBER OF YOUR INSTRUCTOR:

INSTRUCTOR NAME

LICENSE NO.

PLACE WHERE THE REQUIRED WEAPON TRAINING WAS HELD:

DATE OF COMPLETION OF REQUIRED BASIC TRAINING:

DATE

LIST THE NAME & LICENSE NUMBER OF YOUR INSTRUCTOR:

INSTRUCTOR NAME

LICENSE NO.

BOARD RULE 509-4-.01(1) & (2) WEAPONS. AMENDED.

(1) No person licensed by the board to carry a firearm shall carry any firearm which is not in operable condition and capable of firing live ammunition, and when carrying such a weapon, the licensee shall have on his person live ammunition capable of being fired in the weapon which he carries.

(2) No person licensed or registered by the board to provide security services shall carry a firearm while performing services for a private security agency or in-house security agency except while providing actual security services or while going directly to and from work (no stopovers allowed en route to or from work). Under no condition will a licensee, registrant or any other employee or agent of a licensee carry any sort of firearm or have anyone accompanying them who is carrying a firearm while soliciting new or prospective clients.

TRAINING AFFIDAVITS

I have read Board Rule 509-4-.01(1) & (2) and understand my responsibility to abide by the mandates of the rule. If granted a permit, I shall wear the firearm in the manner prescribed by law.

_____ DATE _____ SIGNATURE OF THE APPLICANT

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

I declare that the above employee is qualified to carry a firearm by reason of having received classroom instruction in the use of firearms by a board-approved instructor, having received firearm range instruction, and having passed the Firearm Training Curriculum for Handguns as required in Rule 509-3-.10.

_____ DATE _____ SIGNATURE AND TITLE OF THE EMPLOYER

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

EMPLOYER REQUEST FOR CONCEALED WEAPON PERMIT

This form must be completed by the employer and accompanied by an application for a concealed weapon permit for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a concealed weapon must be made, with complete justification in support of the request.

I hereby make request for a concealed weapon permit to be issued to _____.

Print Name of Employee

I have detailed below the specific duties that the employee will be assigned, along with complete justification of the necessity of carrying of a weapon in a concealed manner:

I certify and declare that the information presented in this request for a concealed weapon permit is a true description of the actual job duties that are or will be assigned to the above-named employee and a true representation of the facts in support of the necessity for carrying a concealed weapon in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for concealed weapon permit will be grounds for disciplinary action by the Board up to and including revocation of my license.

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

SIGNATURE OF THE LICENSE HOLDER

DATE

EMPLOYER REQUEST FOR SHOTGUN PERMIT

This form must be completed by the employer and accompanied by an application for a shotgun permit for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a shotgun must be made, with complete justification in support of the request.

I hereby make request for a shotgun permit to be issued to _____.
Print Name of Employee

I have detailed below the specific duties that the employee will be assigned, along with complete justification of the necessity of carrying of a shotgun:

I certify and declare that the information presented in this request for a shotgun permit is a true description of the actual job duties that are or will be assigned to the above-named employee and a true representation of the facts in support of the necessity for carrying a shotgun in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for shotgun permit will be grounds for disciplinary action by the Board up to and including revocation of my license.

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

SIGNATURE OF THE LICENSE HOLDER

DATE