

EMPLOYEE REGISTRATION INFORMATION

This application must be filed by the **licensee (employer)** for every employee who will be employed by the licensee (employer) as a private investigator or armed security guard. Company owners or designated license holders for corporations, LLC's, or partnerships must have an employee registration. The fee for the registration for the owner/designee is the same as for all other employees. **EMPLOYEES APPLYING FOR BOTH PRIVATE DETECTIVE AND SECURITY GUARD REGISTRATION MUST SUBMIT SEPARATE APPLICATIONS.**

NOTE: Unarmed security guards are not required to be registered with the Georgia Board of Private Detective & Security Agencies; however, unarmed security guards must be trained according to the Board standards and are governed by the Board as mandated in OCGA 43-38-7.1.

This application must be submitted by the **licensee (employer)** on behalf of any employee hired to work as a private investigator or armed security guard, even if the employee has an active registration with another employer. **No employee may use an existing registration to work for a company, other than the company that is indicated on the registration.** A registration is only valid when the employee is performing investigative or armed security duties for the employer listed on the registration. The category for Reinstatement of Registration Number on the application is only to be used if the employee is reinstating a registration that has lapsed for the same employer. The employee must also physically carry the registration at all times while on duty, at the place of employment, or any time that the employee is in uniform. Armed registrations must be carried by the employee while a weapon is carried on duty, in uniform, or in route directly to and from the post or place of employment (**Board Rule 509-4-.01**).

APPLICATION PROCESSING

The application must be complete in order to process the application. Incomplete applications will be returned to the **licensee (employer)** for completion. The **licensee (employer)** is responsible for ensuring that the application is complete and correctly prepared. Failure to submit a complete application will result in unnecessary delays in processing and may be grounds for disapproval of the application by the Board. **Please list a valid email address so the Board office staff may correspond quickly with you in the event that more information is needed to complete the application.**

Fingerprinting for all applications is required through Cogent Services. The ORI number to use when registering is **GA920240Z**. The Verification Code is **920240Z**. The Reason for registering is **Private Detective/Security Business**. The website to register is <http://www.ga.cogentid.com/index.htm>.

Please allow 25 business days for processing the application. The timeframe allows our staff time to receive the application, perform data entry of basic information for tracking purposes, receive fingerprint results from Cogent Services, and review the details provided in the application.

Applicants who must answer **Yes** to questions concerning criminal history or disciplinary actions taken against them by any professional licensing or certification agency must submit **certified** documentation of court dispositions, agency orders, or any other documentation to provide a complete answer to such questions. Failure to provide this information will result in additional delays in processing, and may be grounds for disapproval of the application by the Board.

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

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
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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, 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: _____

EMPLOYMENT HISTORY

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				

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: _____

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.

EMPLOYER REQUEST FOR CONCEALED WEAPON PERMIT

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