

Secretary of State
Professional Licensing Boards Division
Georgia Board of Private Detective and Security Agencies
237 Coliseum Dr., Macon, GA 31217
404-424-9966 / www.sos.ga.gov/plb/detective

Classifications of Training Instructor Licenses

The Georgia Board of Private Detective & Security Agencies issues licenses for instructors based on three categories or classifications:

- Classroom Instructor
- Firearms Instructor
- Classroom & Firearms Instructor

Classroom Instructor: A person applying for licensure as a Classroom Instructor is applying to **teach the Basic Security Officer and the Basic Private Detective Courses** mandated by the Board in Board Rules 509-3-.02 and 509-3-.06. The applicant for Classroom Instructor must be familiar with the requirements of Board rules and must be able to satisfy to the Board that he/she is qualified and capable to correctly instruct students who desire to become private security officers and private detectives. Reminder - select which type of Classroom Instruction you are applying for on your application - **security officer training only** or **private detective training only** or both.

Firearms Instructor: A person applying for licensure as a Firearms Instructor is applying to **teach the Firearm Training Curriculum** mandated by Board rule 509-3-.10, Firearms Training for the Armored Car industry as referenced in Board Rule 509-3-.09, and Shotgun Training as mandated by Board Rule 509-3-.08. The applicant for Firearms Training must be familiar with the requirements of Board rules and must be able to satisfy to the Board that he/she is qualified and capable to correctly instruct students in the safe handling of weapons, the use of deadly force, and insure that candidates for range certification can meet the Board's requirements for qualifying with a weapon.

Classroom and Firearms Instructor (Dual License): A person applying for licensure as both a Classroom **and** Firearms Instructor is applying to **teach BOTH the Basic Security Officer and Basic Private Detective courses AND the Firearms courses** referenced above. The applicant must be able to satisfy to the Board that he/she is qualified and capable of providing instruction in all training areas. Lesson plans submitted must meet the requirements in Board Rules 509-3-.02, 509-3-.06, 509-3-.10, and 509-3-.08.

General Information: Make sure that you meet the qualifications for licensure and that you choose the appropriate classification prior to making application to the Board. Failure to submit lesson plans appropriate for the classification of your choice will result in processing delays and may result in denial of the application by the Board.

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**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR
TRAINING INSTRUCTOR CERTIFICATION**

IMPORTANT: Applicants are encouraged to review Board Rule 509-3-.07 below which outlines the minimum qualifications required for training instructor certification and required documentation of experience and/or education.

509-3-.07 Certification of Instructors. Amended.

- 1) Firearms and classroom training instructors must complete application for certification on form provided by the Board. Classroom training instructors shall submit a resume and a lesson plan with application.
- 2) Qualifications. Any applicant for certification as an instructor must meet one of the following qualifications:
 - a) minimum four years supervisory experience with a contract or industrial security organization;
 - b) Minimum four years of experience with a law enforcement agency;
 - c) Any other experience or education comparable to (a) or (b) above which may qualify applicant for certification upon the discretion of the Board.
- 3) A non-refundable fee shall be submitted with the application for certification as a training instructor. Refer to the fee schedule for the appropriate fee. The application fee should be payable to the Private Detective & Security Agencies Board.
- 4) All licensees shall submit to the board appropriate notarized documentation and qualifications verifying that such instructors are qualified to teach the basic curriculum as outlined in these rules along with the application. Such documentation shall include but not be limited to the following:
 - a) education;
 - b) previous courses taught;
 - c) work experience.
- 5) Any licensee who contracts for or has training provided through other means shall so indicate on the application for license.
- 6) Effective June 30, 1993, firearms and classroom training instructors must be re-certified every two years. A penalty fee will be imposed on any instructor renewing between July 1 and July 31 of the year of re-certification. A new application for certification will be required after July 31 of the year of re-certification.

CHECKLIST OF ITEMS TO BE SUBMITTED WITH APPLICATION

	Current Resume
	Lesson plan of training program to be used in your classes. NOTE: A lesson plan is a total training package. Outlines and course listings will not be accepted. Include timeline of instruction for each topic of instruction, showing the break-down of training minutes/hours for each section. If applying for Classroom and Firearms Training Instructor license, you must submit a lesson plan for both the classroom instruction and the firearms instruction. A sample curriculum is available for review on the website.
	Notarized documentation verifying that you are qualified by experience or education to teach the curriculum. Documents submitted by persons having knowledge of your training experience must be notarized . Other qualification verification may include instructor certificates and course transcripts. Letters of experience, certificates, and transcripts must be notarized.
	Secure & Verifiable Document (See page 6 of the application, the Affidavit, for acceptable document)
	Application fee - \$100.00
	Certification of Range Scores if applying for certification as a Firearms Instructor (Minimum Score: 90%). Qualification must be under the instruction of a Board-certified Firearms Instructor.

All items must be submitted with the application, even if you have previously submitted some items with another application.

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BACKGROUND CHECK QUESTIONNAIRE

Applicant's Name: _____

You are required to answer the following questions as part of a background check to determine your suitability for the issuance of a registration by the Georgia Board of Private Detective & Security Agencies.



Please note that failure to disclose information requested in this application or giving any false statements / information can result in a disciplinary order and fine, and potentially denial of licensure.

1.	<p>Have you ever been arrested?</p> <p>Note: The answer to this question is "Yes" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.</p>	__YES	__NO
2.	<p>Have you been arrested for a crime involving the illegal use, carrying, or possession of a dangerous weapon?</p> <p>Note: The answer to this question is "Yes" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.</p>	__YES	__NO
3.	<p>Are you currently on probation which prohibits you from possessing, carrying, or owning a weapon or firearm, or have you been convicted of any crime for which your right to possess, carry, or own a firearm has been restricted?</p>	__YES	__NO
4.	<p>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?</p>	__YES	__NO
5.	<p>Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any illegal drug, prescription drug, or any other mood altering substance?</p>	__YES	__NO
6.	<p>Do you currently possess any mental illness or condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of this profession?</p>	__YES	__NO
7.	<p>Have you been discharged from the Armed Forces under dishonorable conditions?</p>	__YES	__NO

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8.	Has any licensing authority in Georgia or any other jurisdiction, or any certifying body (e.g. P.O.S.T.), ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you, now or previously, or ever fined, censured, reprimanded or otherwise disciplined you or any company in which you are or were a principal?	__YES	__NO
9.	Are you, or any company in which you are or were a principal, currently under investigation or is a disciplinary action pending against your license or any other license or certification you hold in any state or territory of the United States?	__YES	__NO
10.	Do you now or have you ever held a certification with the Georgia Peace Office Standards Training Council? If so, list your P.O.S.T. # and provide a current copy of your P.O.S.T. transcript: _____	__YES	__NO
11.	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

 The Board requires applicants to disclose all previous arrests and discipline by other regulatory boards. **If you answer “Yes” to any of the following questions** you are required to provide a certified copy of the official documents showing the final disposition of the incident as well as a personal, detailed letter of explanation regarding each incident. To avoid processing delays please submit all documentation as part of your application packet. Failure to provide final dispositions will delay consideration of your application.

Applicant's Name: _____

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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 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 _____, _____

PRINT NAME

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES: _____

NOTARY SEAL

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CONSENT FORM

I hereby authorize the Georgia Board of Private Detective & Security Agencies (“Board”) to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant’s Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

One of the following must be checked:

This authorization is valid for 90/180/____ (circle one) days from date of signature.

I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

- ____ Working with mentally disabled
- ____ Working with elder care
- ____ Working with children