

INFORMATION SHEET FOR COMPANY/AGENCY LICENSURE

Before you submit your application and application fee, review the Requirements to be Eligible to Sit for Examination to make sure you meet the requirements. Once the fee is paid, it is non-refundable.

Company/Agency licenses are valid for up to two (2) years. Licenses expire on June 30 of odd years. An initial license period may be valid for a shorter time period, depending on when it is approved.

Requirements to be Eligible to Sit for Examination - **Private Detective** (O.C.G.A.§ 43-38-6):

An applicant must:

- be at least eighteen (18) years of age;
- be a citizen of the United States, or a registered resident alien;
- be of good moral character;
- have 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's discretion in granting a license);
- have not committed an act constituting dishonesty or fraud;
- have at least one of the following qualifications:
 - Two (2) years of full-time experience as a registered private detective employee with a licensed private detective company;
 - 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);
 - Four (4)-year degree in criminal justice or related field from an accredited college or university.

Requirements to be Eligible to Sit for Examination – **In-House or Private Security** (O.C.G.A.§ 43-38-6):

An applicant must:

- be at least eighteen (18) years of age;
- be a citizen of the United States, or a registered resident alien;
- be of good moral character;
- have 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's discretion in granting a license);
- have not committed an act constituting dishonesty or fraud;
- have at least one of the following qualifications:
 - Two (2) years of full-time experience as a supervisor or administrator in in-house security operations or with a licensed security agency;
 - 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);
 - Four (4)-year degree in criminal justice or related field from an accredited college or university.

APPLICATION PROCESS CHECKLIST

- Complete application; answer each question truthfully and to the best of your ability.
- Submit application fee for *company license* (company check, cashier's check or money order payable to Georgia State Board of Private Detective & Security Agencies).
- Have the designee for the company complete an employee registration for:
 - Private Detective Company
 - In-House or Private Security Company - only if the designee will carry a weapon.
 - **Confirm that the training instructor is certified by the Board. To verify, visit www.sos.ga.gov, select the link entitled "License Verification", and following the instructions.**
- Submit application fee for *employee registration* (company check, cashier's check or money order payable to Georgia State Board of Private Detective & Security Agencies).
- For partnerships or corporate entities, submit the following for the person listed on the application as the designee for the company.
 - A 2"X2" photograph – forward-facing headshot of the applicant (this is not required if a photo was included as part of the secure and verifiable document).
 - A completed LiveScan fingerprinting from an approved Georgia Applicant Processing Services (GAPS) site. Register for fingerprinting at <https://www.aps.gemalto.com/ga/index.htm> or by phone at 888.439.2512. When registering:
 - Select "Secretary of State (SOS)"
 - Select "Private Detective/Security Business"
 - Read and accept the Terms of Use.
 - Complete the Applicant Registration Form. Note: a valid personal email address **must** be included. A third party/agency email address is not permitted.
 - After your application for licensure has been received and processed by the Board, you will receive an email from GAPS directing you to proceed to the fingerprinting site. You must proceed to a GAPS fingerprint site to have your fingerprints scanned within 90 days. If you fail to submit prints within 90 days of your notification from GAPS, your registration will be canceled, a refund will be made to the method of payment you provided and you will need to register again.
- Submit an original NOTARIZED letter of experience as follows:
 - Must be from the employer where the two (2) years of experience was obtained and must include the exact dates of full-time employment and positions and duties held by the applicant.
 - If the experience is from law enforcement, the letter must include P.O.S.T. certification qualifications.
 - The letter must be on company letterhead and signed by the personnel department of the company/organization or by a responsible officer/supervisor of the company/organization.
 - The following are **NOT ACCEPTABLE** as proof of experience: Certificates, Letters of Commendation, copies of licenses, resumes, self-written letters of experience.
- For out-of-state companies, 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.
- For Georgia corporate entities, submit CERTIFIED documentation that the applicant for the company is a corporate officer. For a LLC, partnership, or any other entity, submit CERTIFIED documentation that the applicant for the company is an officer of the entity.
- For college degree applicants, 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.
 - A **copy** of the transcript or letter **will not** suffice. If the degree is in a field other than criminal justice, the Board will review the transcript to determine if the courses completed are sufficient to grant licensure.
- Mail all information to Georgia State Board of Private Detective & Security Agencies, 237 Coliseum Dr., Macon, GA 31217.

EXAMINATION INFORMATION

Examinations are conducted by PSI Services, LLC (PSI). PSI will notify applicants when they are made eligible to sit for the exam and will provide information on how to schedule the exam appointment time.

Disapproved applicants will be notified by the Board office. Applicants for reinstatement who have not passed the exam within the last five years will be required to retake the exam.

The Board does not provide study materials, except for Board Rules and Laws which are found on the Board's website – www.sos.ga.gov/plb, but additional information about the exams, including a content outline and reference list, can be found in the candidate information bulletin on PSI's website at <https://candidate.psiexams.com/>.

The Private Detective examination consists of questions in the following areas:

- Legal, Ethical, and Professional Standards
- Observation/Surveillance
- Rules of Evidence and Evidence Handling
- Interviewing/Interrogation
- Case Management, Administration, and Reporting

The Security Company examination consists of questions in the following areas:

- Search and seizure
- Laws of Arrest
- Firearm Compliance
- Developing Service Plans/Contracts
- Operations
- Board Rules and Regulations
- Supervision
- Use of Force

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

WHAT TO DO AFTER YOU PASS THE EXAMINATION

After passing the exam, the applicant must submit the following to the Board office in order to complete the application process:

- Appropriate License Fee. (see fee schedule)
- One of the following:
 - Original \$25,000 Surety Bond with the company name exactly as it appears on the application, **OR**
 - \$1 million (\$1,000,000) General Liability Certificate of Insurance, showing the policy number and naming the Georgia State Board of Private Detective & Security Agencies, 237 Coliseum Drive, Macon, GA 31217, as the certificate holder, **OR**
 - A certified audited financial statement showing a net worth in excess of \$50,000.00. (This option requires Board review prior to issuance of license.)
- Other information requested by the Board.

Once all of the required information and fee(s) have been submitted, processed, reviewed, and determined to be complete, the license will be issued upon the Board's approval.

Fee Schedule

Note: Fees are non-refundable. All applications should include an additional \$10.00 processing fee for paper applications and an additional \$5.00 processing fee for online applications.

Initial Licensure Fees - COMPANY	APPLICATION	LICENSE	TOTAL
Private Detective Company (only)	\$100.00	\$300.00	\$400.00
In-House or Private Security Company (only)	\$100.00	\$500.00	\$600.00
Private Detective & Security Company (dual license)	\$100.00	\$700.00	\$800.00

Initial Registration Fees – EMPLOYEE	
Initial Registration - Detective - Unarmed Employee	\$ 45.00
Initial Registration - Detective - Armed Employee	\$ 70.00
Initial Registration - Security Guard - Armed Employee	\$ 70.00
Initial Registration - Detective & Security Guard(dual license) - Armed Employee (unarmed security guards are not required to register with the State)	\$ 70.00

Renewal & Reinstatement Fees - COMPANY	
On-time Renewal Fee - Detective Company (only)	\$ 300.00
On-time Renewal Fee - Security Company (only)	\$ 500.00
On-time Renewal Fee - Detective and Security Company (dual license)	\$ 700.00
Late Renewal Fee – Detective Company (only)	\$ 400.00
Late Renewal Fee – Security Company (only)	\$ 600.00
Late Renewal Fee – Detective and Security Company (dual license)	\$ 800.00
Reinstatement Fee – Detective Company (only)	\$ 550.00
Reinstatement Fee – Security Company (only)	\$ 750.00
Reinstatement Fee – Detective and Security Company (dual license)	\$ 1050.00

Renewal & Reinstatement Fees - EMPLOYEE	
On-time Renewal Fee – All Employee Registrations	\$ 65.00
Late Renewal Fee – All Employee Registration Types	\$ 80.00
Reinstatement Fee – same as initial registration fee	--

TRAINING INSTRUCTORS	
Initial Registration Fee - Certification of Training Instructor	\$ 100.00
On-time Renewal Fee - Certification of Training Instructor	\$ 100.00
Late Renewal Fee - Certification of Training Instructor	\$ 150.00
Reinstatement Fee – Certification of Training Instructor	\$ 100.00
Lost or Destroyed License Replacement Fee	\$ 25.00
Additional Weapon / Change of Weapon Type Application Fee	\$ 25.00
Verification of Licensure (order online)	\$ 35.00
Decorative Wall Certificate	\$ 50.00

APPLICATION FOR AGENCY LICENSURE
 (for initial licensure or for reinstatement of licensure)

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces including the National Guard.

I am applying for (select appropriate license type):

- Private Detective Agency - \$100.00 fee + \$10.00 processing fee*
- Private Security Agency - \$100.00 fee + \$10.00 processing fee *
- In-House Security Agency - \$100.00 fee + \$10.00 processing fee *
- Private Detective & Security Agency (Dual License) - \$100.00 + \$10.00 processing fee *
- Reinstatement of License - # _____ - (see fee schedule)

***Application fees are due with submission of the application and are non-refundable.**

Licensing fees are due after applicant passes the examination, except for cases of reinstatement. Successful completion of the examination does not guarantee licensure by the Board.

For change of designee or change of ownership or change of business structure - This application replaces the currently active license # _____ which is in the name. Include a list of active employees to be associated with the new license number upon issuance.

Trade Name of Business: _____

Federal Employer's ID#: _____

Email Address (For Correspondence from Board): _____

Business Mailing Address:

Street Address Or P.O. Box

City State Zip Code County Telephone

Business Physical Location Address (Address Will Appear On License and on Board website):

Street Address (P.O. Box Is Not Acceptable)

City State Zip Code County Telephone

Date Entered _____

Receipt # _____

Submitted \$ _____

Date Issued _____

PERSON AUTHORIZED TO HOLD

LICENSE FOR THE AGENCY (DESIGNEE)

I am applying for (select appropriate license type):

- Private Detective Employee –
 - _____ no weapon (unarmed) - \$45.00 fee + \$10.00 processing fee
 - _____ with weapon (armed) - \$70.00 fee + \$10.00 processing fee
- Private Security Guard Employee
 - _____ no weapon (unarmed) – no fee – Unarmed Guards are not required to be registered
 - _____ with weapon (armed) - \$70.00 fee + \$10.00 processing fee
- Private Detective & Security Guard Employee (Dual License) – issued for armed only - \$70.00 fee + \$10.00 processing fee
- In-House Security Guard Employee
 - _____ no weapon (unarmed) – no fee – Unarmed Guards are not required to be registered
 - _____ with weapon (armed) - \$70.00 fee + \$10.00 processing fee
- Reinstatement of License - # _____ - (see fee schedule)
- I already hold an employee license with this company – License # _____ - no fee

Date Entered _____
Receipt # _____
Submitted \$ _____
Date Issued _____

TYPE OF WEAPON: (Check ALL that apply)

- Exposed Handgun Shotgun
- Concealed Handgun I am not applying for a weapons permit, or I already hold a license with this company.

 Last Name First Name Middle Name

 Email Address

 Residence Address City State Zip Code Telephone

Gender: ___ Male ___ Female Date of Birth: ___/___/___ Place of Birth: _____

Social Security* #: _____ - _____ - _____

*This information is authorized to be obtained and disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001.

AGENCY OWNERSHIP / RELATIONSHIP INFORMATION

Complete this section if the business is a SOLE PROPRIETORSHIP

Owner Name: _____ Telephone: _____

Residence: _____
 Street (PO Box not allowed), City, State, Zip

Complete this section if the business is a CORPORATION or a LIMITED LIABILITY COMPANY (LLC)

Registered Name of Business: _____

Date Registered with GA Secretary of State _____

List Principal Officers/Members (Attach Additional Pages, if Necessary)

Owner Name: _____ Telephone: _____

Residence: _____
 Street (PO Box not allowed), City, State, Zip

Owner Name: _____ Telephone: _____

Residence: _____
 Street (PO Box not allowed), City, State, Zip

Owner Name: _____ Telephone: _____

Residence: _____
 Street (PO Box not allowed), City, State, Zip

Complete this section if the business is a PARTNERSHIP (attach additional pages if necessary)

Owner Name: _____ Telephone: _____

Residence: _____
 Street (PO Box not allowed), City, State, Zip

Owner Name: _____ Telephone: _____

Residence: _____
 Street (PO Box not allowed), City, State, Zip

Owner Name: _____ Telephone: _____

Residence: _____
 Street (PO Box not allowed), City, State, Zip

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

_____ as the designated agent for the Corporation or LLC that
Designee

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 Designee terminate employment or otherwise becomes unauthorized to hold the license, submission of a new application will be required.

Signatures

President, Secretary, or Managing Member of Corporation or LLC

Date

Designated License Holder

Date

State of _____

County of _____
Subscribed and sworn to before me this

_____ day of _____, _____

Notary Public

My commission expires: _____

Seal

**AFFIDAVIT OF AUTHORIZATION OF THE DESIGNEE
DESIGNEE FOR A PARTNERSHIP**

Please print names

We, the below named Partners, hereby name _____
Designee

as the Designated Agent for licensure of the business that appears on this application for licensure. This affidavit gives the Designee all rights and responsibilities of a License Holder on behalf of the Partnership and shall provide that actions or omissions of the Partnership, its Officers, 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 Partnership 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 Designee terminate employment or otherwise becomes unauthorized to hold the license, a new application will be required.

Partner Signature Date

Designee Signature Date

Partner Signature Date

State of _____

County of _____

Subscribed and Sworn to before me this

_____ Day of _____, _____

Notary Public

My Commission Expires: _____

Seal


QUALIFYING EXPERIENCE OF THE LICENSE HOLDER / DESIGNEE

This is to be answered by the person applying to be license holder / designee.

1.	Have you ever held the position of supervisor or administrator with a licensed private security agency or in-house private security operation? If yes*, provide the following information: Agency Name: _____ Title Held: _____ No. of Years in that position: _____ How many Security Personnel were under your supervision? _____ *You must provide an original notarized letter from the employer verifying your experience.	__YES	__NO
2.	Have you ever been employed full-time with a licensed private detective agency? Registration Number _____ Agency Name _____	__YES	__NO
3.	Have you ever been the license holder/designee for a private detective agency, private security agency, or licensed in-house security operation? If yes, provide the following information: Agency or In-House Operation Name: _____ Other Business Name(s) Used (if applicable): _____ Agency License Number: _____	__YES	__NO
4.	Are you now or have you ever been certified through P.O.S.T.? If yes, submit a copy of your certification and disclose what type of certification: _____	__YES	__NO
5.	Have you ever had a disciplinary action taken against your P.O.S.T. certification? If yes, you must provide documentation of the case, including the final outcome.	__YES	__NO __N/A
6.	Have you served in the armed forces? <i>If yes, attach a copy of your Form DD-214.</i> Highest rank achieved: _____ Assigned duties or experience gained in the armed forces that you feel qualify you to be the licensed designee for private detective or security agency: _____ _____ _____	__YES	__NO
7.	Do you hold a 4-year Criminal Justice degree or a 4-year degree in a related field from an accredited college, university, or institution of higher learning? If yes, complete the following and provide an original certified copy of the transcript or an original letter from the institution verifying the information: Name of Institution: _____ Degree(s) Earned: _____ In what field(s)?: _____	__YES	__NO

COMPANY AND DESIGNEE BACKGROUND QUESTIONS

Company / Applicant Name: _____ 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.

 **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><i>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.</i></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><i>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.</i></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
8.	<p>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?</p>	__YES	__NO

GEORGIA STATE BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES

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.	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
11.	Is this company currently, or has this company been previously, licensed as a Private Detective and/or Security Agency in any other state? If so, list the state(s) and the expiration date(s) of the licenses(s). If the answer to this question is "yes" an official verification of licensure from each state must be provided to this Board, and the verification must come directly from the licensing board in the state that the license is/was held. _____ _____	__YES	__NO
12.	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
13.	Have you completed the required Basic Training for this registration? If so, 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.	__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 above 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.

What types of services will your agency offer? _____

Company / Applicant Name: _____

ADDRESS HISTORY

Applicant's Name: _____

Starting with your current address, list your addresses for the past five (5) years. Dates must be provided, without gaps. If necessary, use additional pages.

Start Date	End Date	Street Address	City	State	Zip Code

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. If necessary, use additional pages.

Start Date	End Date	Employer	Position Held	Supervisor

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.

BASIC TRAINING INFORMATION

Applicant for Designee: _____
Print Name

Where did you receive your Basic Training? _____
Name of Company/Facility and Location

Date of Completion of Required Basic Training: _____

Instructor's Name: _____

Instructor's License Number: _____

I certify and declare that I have completed the minimum training required under the rules and regulations of the Board and that the training certificate will be maintained on file with the company. I further certify and declare that a name character background check has been made, which indicates that I have no felony convictions and have not displayed a disregard for the law.

State of _____

County of _____

Subscribed And Sworn To Before Me This

_____ Day of _____, _____

Notary Public
My Commission Expires: _____

Seal

Applicant Signature

Date

WEAPON PERMIT Training Information

COMPLETE THIS SECTION IF YOU ARE GOING TO BE CARRYING A WEAPON.

Name of Applicant for Designee: _____
Print Name

Where did you receive your weapon training? _____
Name of Company/Facility and Location

Date of Completion of Required Basic Training: _____

Instructor's Name: _____

Instructor's License Number: _____

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.

AFFIDAVIT OF WEAPON TRAINING

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

I declare that I am 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.

State of _____

County of _____

Subscribed And Sworn To Before Me This

_____ Day of _____, _____

Applicant Signature

Notary Public
My Commission Expires: _____

Date

Seal

Firearms Qualification Range Form

Date of Qualification: _____ Mobile Phone: _____

Full Name: _____

Address: _____

Email Address: _____

Company Name: _____

Employee Registration # _____ OR New Application

Type of Weapon: Semi-Automatic Revolver Shotgun

Weapon Information: (Make, Model, and Caliber) _____

Range Score: Pass Fail Score = _____

PASS indicates a minimum passing score of 80% or more on the firearms qualification course

I certify that the above-named participant has satisfactorily completed the prescribed training as set forth in the Georgia Board of Private Detective and Security Agencies Rules 509-3, as it relates to range qualification. To the best of my knowledge, all information contained herein is true and correct.

Instructor's Name: _____ Instructor's License # _____

Instructor's Signature: _____ Date of Signature: _____

This form does not authorize the carry of any firearm without the specific approval and issuance of a weapons permit by the Georgia Board of Private Detective and Security Agencies.

REQUEST FOR WEAPON PERMIT

COMPLETE THIS SECTION IF YOU ARE REQUESTING A CONCEALED OR SHOTGUN PERMIT.

I, _____ am requesting a concealed handgun permit and/or a shotgun permit.
Print name

I have detailed below the specific duties that will be assigned, along with complete justification of the necessity of carrying of a handgun in a concealed manner and/or carrying a shotgun: (attached additional page if needed)

CONCEALED HANDGUN:
[Empty table with 5 rows for detailing duties and justification]

SHOTGUN:
[Empty table with 5 rows for detailing duties and justification]

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

State of _____

County of _____

Subscribed And Sworn To Before Me This

_____ Day of _____, _____

Applicant Signature

Notary Public
My Commission Expires: _____

Date

Seal

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. You must submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other approved document.
- 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. You must 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.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board’s website at this address: <http://sos/ga/gov/admin/files/svd2013.pdf>

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-2, with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

State of _____

County of _____

Subscribed And Sworn To Before Me This

_____ Day of _____, _____

Notary Public
My Commission Expires: _____

Applicant Signature

Date

Seal