

Employee Registration Information

- **The licensee (employer) must submit the application** on behalf of every employee hired to work as a private detective or armed security guard, even if the employee has an active registration with another employer or company.
- 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.
- **Employee Registrations are not transferrable. Employees shall not use an existing registration to work for a company other than the company that is indicated on their Registration.**
- Registrations are only valid when employees are performing investigative or armed security duties for the employer listed on the Registration.
- Company owners or designated license holders for corporations, LLC's, or partnerships must also have an Employee Registration. The registration fee for owners/designees is the same as for all other employees.
- **When applying for both PRIVATE DETECTIVE EMPLOYEE and SECURITY GUARD EMPLOYEE registrations, you may make application for a "Dual" license.**
- The employee must physically carry proof of Registration at all times while on duty, at the place of employment, or any time that the employee is in uniform.
- If armed, proof of Registration must be carried by the employee while a weapon is carried on duty, while in uniform, or in route directly to and from the post or place of employment (**Board Rule 509-4.01**).
- The "Reinstatement of Registration Number" section on the application is only to be used if the employee is reinstating a Registration that has lapsed for the same employer.

APPLICATION PROCESSING

- The **licensee (employer)** is responsible for ensuring that the application is complete and correctly prepared.
- Incomplete/deficient applications may be returned to the **licensee (employer)** for completion, and failure to submit a complete application will result in processing delays. Incomplete applications will be withdrawn from the system 12 months from the initial submission date.
- **A valid email address is required for communication between the Licensing Board and applicants.**
- Allow a minimum of 15 business days for processing of the application, fingerprints, and other required documentation.
- **Criminal History / Disciplinary Actions:** Applicants who answer "**Yes**" to the application questions concerning criminal history or disciplinary actions taken against them 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 processing delays and may be grounds for disapproval of the application by the Board.
- If you currently possess or previously possessed a Georgia peace officer certification issued pursuant to Chapter 8 of Title 35, the "Georgia Peace Officer Standards and Training Act", you must provide a copy of your P.O.S.T. transcript.

Instructions for Georgia Resident Applicants Obtain Fingerprints for a Background Check

The Georgia Board of Private Detective and Security Agencies requires a fingerprint background check on all applicants. Fingerprints are processed through Georgia Applicant Processing Service (GAPS). The Federal/State criminal history results will be available to the Georgia Board of Private Detective and Security Agencies within 48 hours after the applicant has been fingerprinted and the prints are received by GBI, Georgia Crime Information Center (GCIC). Please use the following instructions to register for your background check. If additional assistance is required you may contact GAPS at 1-888-439-2512.

Have a credit card, debit card, or money order information available when logging into the Gemalto website, as payment will be required at the time of registering.

GAPS REGISTRATION PROCESS

Applicants must complete a LiveScan fingerprinting process from an approved Georgia Applicant Processing Services (GAPS) site. Register at <https://www.aps.gemalto.com/ga/index.htm>.

- Select "Secretary of State (SOS)"
- Select "Private Detective/Security Business"

Read and accept the Terms of Use and follow the prompts to complete the registration process. 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.

Identification Needed for Fingerprinting

In addition to the **Registration ID** number the applicant will also be asked to present a **valid photo ID** prior to being fingerprinted. Forms of valid photo ID include:

- State Issued Driver's License
- State Issued Identification Card
- US Active Duty/Retiree/Reservist Military ID Card
- US Passport
- Government Issued Employee Identification Card
- Tribal Identification Card

In the absence of one of the above forms of identification, please visit the FAQ page on the GAPS website at <https://www.aps.gemalto.com/ga/index.htm> for information on acceptable secondary forms of identification. For a complete list of GAPS fingerprinting sites in Georgia, please visit https://www.aps.gemalto.com/ga/GA_regions.html/GA_Regions_Main.htm.

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	\$ 70.00
(unarmed security guards are not required to register with the State)	

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

GEORGIA BOARD OF PRIVATE DETECTIVES & SECURITY AGENCIES
 237 Coliseum Dr., Macon, GA 31217
 404-424-9966 - www.sos.ga.gov/plb

DO NOT WRITE IN THIS SECTION
 RECEIPT # _____
 AMOUNT _____
 APPLICANT # _____
 INITIAL _____ DATE _____

Application for Employee Registration

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.

Employee Name (first, middle, last, suffix): _____

- 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 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 with weapon (armed) - \$70.00 fee + \$10.00 processing fee
- In-House Detective Employee –
 - _____ no weapon (unarmed) - \$45.00 fee + \$10.00 processing fee
 - _____ with weapon (armed) - \$70.00 fee + \$10.00 processing fee
- Reinstatement of License (only for lapsed license with the same company) - # _____ - (see fee schedule) + \$10 processing fee

I am applying for the following Weapons Permit:

- None* (for Private Detectives only)
 Exposed Handgun
 Shotgun**
 Concealed Handgun**

**unarmed Security Guards are not required to be registered*

***requires written request from Employer, including details of duties – forms are included in this application packet.*

Social Security No.***: _____-_____-_____ ***This information is authorized to be obtained and disclosed to State and 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.	Place of Birth: _____ City _____ State or Country _____
Gender: _____ Male _____ Female	Date of Birth: ____/____/____

Residence Address – (PO Box not acceptable) Street, City, County, State, Zip _____ Telephone _____

Email Address: (required) _____

Company Name (will appear on license & online) _____ License No. _____ Phone _____

Street or PO Box, City, County, State, Zip _____ Company email address _____

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.	Have you ever been arrested? <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>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Have you been arrested for a crime involving the illegal use, carrying, or possession of a dangerous weapon? <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>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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.	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.	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
12.	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 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.

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 _____

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

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

Signature of Employer

Printed Name of Employer

Printed Name of Applicant

Date: _____

ADDRESS HISTORY

Beginning with your Current Address, list your addresses for the past **FIVE (5)** years. Dates must be provided with no gaps in the timeline. Attach additional pages if needed.

FROM	TO	STREET ADDRESS	CITY	STATE	ZIP CODE

EMPLOYMENT HISTORY

Beginning with your current employer, list your employment for the past **FIVE (5)** years. All time must be accounted for, including periods of unemployment. Information must be provided for each header section. Attach additional pages if needed.

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.

Employee Registration

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.** Should this occur, 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. **Submit a copy of your current Secure and Verifiable Document(s) with your application. A list of approved documents can be viewed at <http://sos.ga.gov/admin/files/svd2013.pdf>.**

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. **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: _____

Employee Registration

Weapon Permit Registration

Do not submit this information if you are not requesting a weapon permit.

TRAINING INFORMATION

Where was your required Basic Training held? _____
Name of Company/Facility and Location

Date of Basic Training Course completion: _____

Basic Training instructor's name and license number: _____
Name / License Number

Where was your Weapon Training held? _____
Name of Company/Facility and/or Location

Date of Weapon Training completion: _____

Weapon Training instructor's name and license number: _____
Name / 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.

TRAINING AFFIDAVITS

<p>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.</p>	<p>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.</p>
<p>_____ Applicant's Signature Date</p>	<p>_____ Employer's Signature Date</p>
<p>STATE OF GEORGIA COUNTY OF _____</p>	<p>STATE OF GEORGIA COUNTY OF _____</p>
<p>SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____</p>	<p>SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____</p>
<p>_____ NOTARY PUBLIC MY COMMISSION EXPIRES: _____</p>	<p>_____ NOTARY PUBLIC MY COMMISSION EXPIRES: _____</p>

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.

Employee Registration

This form must be completed by the employer and accompanied by Concealed Handgun and/or Shotgun Permit Application for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a concealed handgun and/or shotgun must be made, with complete justification in support of the request.

EMPLOYER REQUEST FOR CONCEALED HANDGUN AND/OR SHOTGUN PERMIT

I hereby make request for the following to be issued to _____:
Employee Name

_____concealed handgun _____shotgun permit

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

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 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 handgun and/or 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 my license.

STATE OF GEORGIA
COUNTY OF _____

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

SIGNATURE OF THE LICENSE HOLDER

DATE

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____