



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF REGULATORY BOARDS
PRIVATE INVESTIGATION AND POLYGRAPH COMMISSION
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1167
615.741.4827 FAX 615.532.2965
www.tn.gov/commerce/boards/

PRIVATE INVESTIGATION COMPANY - APPLICANT INSTRUCTIONS

REMOVE THIS PAGE BEFORE YOU SUBMIT YOUR APPLICATION - RETAIN THIS INFORMATION FOR YOUR RECORDS

<u>Fees:</u>	<i>Application Fee (Non-Refundable)</i>	<i>License Fee</i>
Company with 0-1 Investigator*	\$ 250.00	\$ 125.00
Company with 2-5 Investigators*	\$ 500.00	\$ 250.00
Company with over 5 Investigators*	\$ 1,000.00	\$ 500.00
Branch Office	\$ 100.00	\$ 100.00

**Note: Tennessee Private Investigation Company application, license and renewal fees are based on the number of private investigator licensees, license applicants or private investigator apprentices, whose license is, or will be, affiliated with the company license. Investigator Affiliates: All investigators affiliated with your Tennessee Private Investigation Company shall be listed on the "Notarized Statement of Affiliates" submitted for initial issuance or renewal of the main office license. License and renewal fees, for the main office, are based on the number of investigators affiliates licensed in Tennessee. Branch office fees are not based on investigator affiliates.*

- ❖ You may not offer to provide investigative services until your Private Investigation Company License has been issued.
- ❖ Before proceeding, read the Tennessee Private Investigators Licensing and Regulatory Act and Administrative Rules. It is your responsibility to know and understand the laws and rules regulating private investigators in the State of Tennessee. www.tn.gov/commerce/boards/pi/index.shtml
- ❖ If you fail to respond to any correspondence from this office, your application will be closed or denied. Read and complete each portion of the application.

APPLICANTS MUST SUBMIT:

- An application completed in its entirety. The application shall be subscribed and sworn to by the applicant (if the applicant is an individual), by each partner (if the applicant is a partnership), or by the qualifying agent (if the applicant is a corporation) before a duly appointed Notary Public.
- **New Experience Requirement** – applicants must submit documentation verifying the required experience and/or education. **Public Chapter 595** effective July 1, 2009 established the following **new requirements** that must be met prior to issuance of a Tennessee Private Investigation Company License:
 - Tenn. Code Ann. § 62-26-206(a) On and after July 1, 2009 each individual applicant; or, if the applicant is a partnership, each partner; or, if the applicant is a corporation, the qualifying agent, must:
 - (6) (A) Possess, or employ at least one (1) person who possesses, at least **two thousand (2,000) hours** of compensated, verifiable, investigative experience satisfactory to the commission; or have **one (1) year** of applicable, related experience or education in a related area of study approved by the commission, and
 - (B) Pass an examination to be administered at least twice annually by the commission designed to measure knowledge and competence in the investigations field.
 - (b) The provisions of subsection (a)(6)(A) shall not apply to any person who has been issued an investigations company license prior to the effective date of this act and such a license may continue to be renewed in accordance with the provisions of this part or any rules and regulations promulgated by the commission in effect prior to July 1, 2009.
- **Each applicant will be required to take the prescribed examination.** You must make your own arrangements to take the examination. An *Examination Candidate Information Brochure* was included with your application packet, and is also available online.
- **Fingerprint Processing:** Each applicant, or if applying as a partnership, **each partner** must submit fingerprint cards or submit prints electronically.
- **Partnerships:** Each partner must qualify by experience and examination, and each partner must provide all of the required information with this application.
- If applying as a **corporation**, the following information must be submitted:
 - The correct legal name of the corporation, the address of the corporate headquarters;
 - State and date of incorporation;
 - Documentation from the Tennessee Secretary of State's Office showing the corporation is qualified to do business in this state;
 - The names of the principal corporate officers, and the business address, residence address and the office held by each in the corporation.



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FOR OFFICIAL USE ONLY
File # _____
Xact # _____

PRIVATE INVESTIGATION COMPANY APPLICATION

Please read this entire application carefully. Submit additional information for any item on a separate sheet of paper.

1. Type of Application: Initial Application Change of Qualifying Agent ONLY Branch Office
2. Is the application for: a single owner a partnership a corporation (LLP, LLC, Inc.)
3. General Information:

Company Name (The name under which your company will be licensed.) _____

Street Address (Physical Location) _____ City _____ State _____ ZIP Code _____

Mailing Address (If different from Physical Location.) _____ City _____ State _____ ZIP Code _____

Telephone Number _____ Fax Number _____ Company Web Site Address (If Available) _____

- a. Will you be doing business under any name other than what is listed above? Yes No
 If yes, list the exact name under which you will be doing business. _____

Company Name (The exact name under which you will be doing business.) _____

- b. Individual or Corporate Qualifying Agent applying for licensure: If this is for a partnership, attach a copy of the application with the required information completed for EACH partner.

Please select one: single owner partner corporate qualifying agent: _____
 Position Held _____

Social Security Number _____ Applicant's Last Name _____ First Name _____ Middle Name _____

Residence Address _____ City _____ State _____ ZIP Code _____

Telephone Number _____ FAX Number _____ E-MAIL Address (If Available) _____

Date of Birth _____ Place of Birth (City & State) _____ Age _____ Sex _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

Have you ever used a name or alias other than shown above? If so, please list on the line above _____

- c. Are you a United States Citizen? Yes No
 If not, attach documentation establishing your legal alien status _____

- d. Other Residences: List all residences you have lived for the past five (5) years. Attach a separate sheet if necessary.

Street Address _____ City _____ State _____ Zip Code _____ From (Mo./Yr.) To (Mo./Yr.) _____

Street Address _____ City _____ State _____ Zip Code _____ From (Mo./Yr.) To (Mo./Yr.) _____

4. Qualifying Information:

a. **Is this company a corporation?**

Yes No

If yes, provide the following information:

Legal Name of Corporation _____

Mailing Address of Corporation Headquarters _____

Web Site Address (If available) _____

City _____

State _____

ZIP Code _____

Phone Number _____

FAX Number _____

State of Incorporation _____

Date of Incorporation _____

b. **Date corporation qualified to do business in the State of Tennessee:** _____

c. **Corporate Officer Information:** In accordance with T.C.A. §62-26-205(5)(E), list below two (2) principal officers ***other*** than the qualifying agent.

1. _____
 Last First Middle Initial

2. _____
 Last First Middle Initial

Social Security Number Office Held in the Corporation

Social Security Number Office Held in the Corporation

Business Address _____

Business Address _____

City State ZIP Code

City State ZIP Code

Business Phone# Fax#

Business Phone# Fax#

Residential Address _____

Residential Address _____

City State ZIP Code

City State ZIP Code

Home Phone# E-mail Address (If Available)

Home Phone# E-mail Address (If Available)

e. **Do you plan to license any branch offices in Tennessee at this time?**

Yes No

If yes, list each below. Attach an additional sheet if necessary.

1. _____
 Physical Address/Mailing Address (If different than Physical Address) City State ZIP Code

Branch Manager's Name Phone Number Fax Number Email Address (If available)

2. _____
 Physical Address/Mailing Address (If different than Physical Address) City State ZIP Code

Branch Manager's Name Phone Number Fax Number Email Address (If available)

5. Credit References: If this is for a partnership, attach a copy of the application with the required information completed for ***EACH*** partner.

1. _____
 Name of business or institution Telephone number

Address City State ZIP Code

5. Credit References: Continued . . .

2. _____
 Name of business or institution Telephone number

 Address City State ZIP Code

3. _____
 Name of business or institution Telephone number

 Address City State ZIP Code

6. Criminal History Information: Answer the following questions completely. Information you provide may not disqualify you for a license. However, all arrests or charges, regardless of disposition, appear on record returns from the Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigation (FBI). **If you answer yes to any of these questions, it will be necessary for you to provide certified documents of the court's final disposition, including suspended or deferred sentences, as well as, a written explanation of the events that surrounded the charges. If the court no longer has these records on file, you must obtain a letter from the judge or court clerk stating so. Failure to fully disclose all arrest information could disqualify you under T.C.A. 62-26-217.**
If applying as a partnership, each partner must complete the Criminal History Information section of this application.

a. Have you ever been arrested in Tennessee or any other state? Yes No

If yes, what state(s): _____

b. Were you transported to or surrendered at a police station, sheriff's office or other law enforcement facility? Yes No

c. Once there, were you fingerprinted, photographed and booked into jail? Yes No

d. Were misdemeanor or felony charges filed against you? Yes No

If yes, please list the charges below. Attach a separate sheet of paper, if necessary.

 Date Charge City State

 Date Charge City State

 Date Charge City State

e. Did you appear before the court and enter a plea of guilty, not guilty or no contest? Yes No

f. Did the court find you guilty? Yes No

g. If you were found guilty, what was the sentence of the court? *Indicate the fine, time in the county jail or penitentiary, deferred sentence, suspended sentence, or period of probation. List the sentence below.*

 Date Charge Sentence Probation Completed Date

 Date Charge Sentence Probation Completed Date

 Date Charge Sentence Probation Completed Date

h. Are you currently on a deferred sentence or on probation? Yes No

i. Did the court dismiss the charges against you? Yes No

j. Were those charges against you expunged from your record by the court? Yes No
If yes, you must provide a copy of the expungement order.

k. Do you currently have charges pending against you? Yes No

If yes, please provide the information requested below, along with an explanation of the circumstances surrounding the charge(s). You are required to provide this office with certified court documents showing the disposition of these charges within thirty (30) days of these charges being resolved by conviction or dismissal. Attach a separate sheet if necessary.

Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
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Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
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7. Have you ever been declared incompetent due to mental defect or disease? Yes No

8. Are you currently suffering from habitual drunkenness or any narcotic addiction? Yes No

9. Have you ever served in Military Service? Yes No

a. If yes, what branch? _____

b. If you have been discharged from Military Service, what type of discharge did you receive?
 Honorable Dishonorable Medical Other (Please Explain)

10. Are you presently serving in Military Service? Yes No

11. I HAVE ENCLOSED:

- a. **Notarized Statement of Affiliates:** As required by Tennessee Code Annotated § 62-26-208(g) included is a complete register of all Private Investigator Licensees, Private Investigator License applicants and Private Investigator Apprentice applicants affiliated with (employed by) the Private Investigation Company.
- b. **Three (3) Sets of Classifiable Fingerprints:** Use only those fingerprint cards provided by this office. Prints must be rolled nail-to-nail by a qualified, trained technician. Remember that all information on fingerprint cards **MUST** be completed and signed.
- c. **The Required Application Fee:** Make check or money order payable to: *TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE.*

12. STATEMENT OF COMPLIANCE AND UNDERSTANDING: Read carefully. Application must be signed under oath and notarized.

I certify that I have read Tennessee Code Annotated Title 62, Chapter 26, and the corresponding administrative rules, and am familiar with and understand my legal responsibilities. I understand that this application will not be processed without the proper non-refundable application fee and that upon approval of the application a license fee will be due prior to issuance.

I understand that any false statement(s) and/or misrepresentation(s) given by me on this application or on any attachments will be punishable under Tennessee Code Annotated, Title 62, Chapter 26. Therefore, I certify that all answers, statements, and information given herein and on any attachments, are true and correct to the best of my knowledge and belief. Further that I the undersigned did personally complete this application and sign my name in the presence of a notary public.

I hereby certify that I understand that should I be charged with an offense other than a minor traffic offense, I am required to notify the State of Tennessee, Private Investigation and Polygraph Commission within thirty (30) days of any such charge(s) and of any disposition of said charge(s).

Signature of Owner/ Each Partner/Corporate Qualifying Agent

Notarization of signature:

Sworn and subscribed to, before me this _____ day of _____, _____.

[NOTARY SEAL]

Signature of Notary Public

My commission expires: _____