

VERIFICATION OF PRIVATE INVESTIGATOR LICENSURE

DPSST Private Professional Certification and Licensing

4190 Aumsville Hwy SE Salem, OR 97317

Phone (503) 378-8531 · Fax (503) 378-4600

To assist the state/jurisdiction outside of Oregon where you are applying for Private Investigator Licensure, you may complete this form and return it to DPSST for verification.



INVESTIGATOR INFORMATION

NAME _____ PI ID# _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Signature of Private Investigator authorizing DPSST to release information

☐ By checking this box, I understand that I have the option to sign this document manually, but I hereby affirmatively consent to use my electronic signature.

STATE/JURISDICTION REQUESTING VERIFICATION

State/Jurisdiction Name _____

Contact Person Name _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Fax _____

LICENSING AUTHORITY

(TO BE COMPLETED BY DPSST STAFF)

The applicant named above is applying for Private Investigator Licensure in the above referenced state/jurisdiction. Below is information to support his/her application.

Private Investigator ID number _____ Original issue date _____ Expiration date _____

Licensed as: ☐ Provisional Private Investigator ☐ Private Investigator

Has there been any action taken against this license? ☐ Yes (see below for explanation) ☐ No

CERTIFICATION OF INFORMATION

(TO BE COMPLETED BY DPSST STAFF)

I hereby certify that all of the information given is true and correct.

Signature _____ Date _____

Printed Name _____ Title _____