

Interim Investigator License (120 DAY)

Department Of Public Safety Standards and Training (DPSST), Private Professional Certification and Licensing
4190 Aumsville Hwy SE Salem, OR 97317 Ph: (503)-378-8531 Email: dpsst.investigators@dpsst.oregon.gov

PI-20



Employer Section (only the employer can complete this section, not the applicant):

CHECK ONE OF THE FOLLOWING: ☐ Private Investigator ☐ Provisional Private Investigator

Date Issued: _____ Date Expires: _____ (add 120 days to issuance date)

THIS INTERIM INVESTIGATOR LICENSE IS NOT VALID AFTER EXPIRATION DATE; INVESTIGATOR CANNOT PERFORM INVESTIGATIONS WITHOUT A VALID INTERIM LICENSE OR PRIVATE/PROVISIONAL INVESTIGATOR'S LICENSE.

This PI-20 must be mailed to the Department bearing a postmark on the date of, or prior to performing any investigative services;

This PI-20 must be carried at all times while performing investigative services;

This PI-20 is not transferable and must be displayed to anyone, upon reasonable request and;

DPSST may administratively terminate this PI-20 at any time pursuant to OAR 259-061-0020.

PRINT full Legal Name _____ Signature _____ Business _____ **Date Signed** _____
☐ Attorney ☐ Investigator ☐ Other Employer (please list type) _____
☐ 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.

Applicant Section:

I swear or affirm that I am actively employed by a licensed private investigator, an attorney or another employer who has requested the issuance of an interim investigator's license, that I have never been convicted of, pled guilty or no contest to or forfeited security for any crime and I have submitted all application materials, including fees, to the Department and passed the required exam. **I understand that falsification of this document makes me subject to civil penalty under OAR 259-061-0200 and my licensure subject to denial or revocation under ORS 703.465 and OAR 259-061-0300.**

PRINT full Legal Name _____ Signature _____ PI-ID number _____ **Date Signed** _____
☐ 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.

Original: DPSST (Send via Mail Only)
Rev. 4/2024

Please carry a copy of this document on your person while investigating.

Take copies for applicable employers' records.

Please note:

This Interim License **CANNOT be self-issued by the applicant or renewing applicant.** It *can* be issued when the applicant works only for a private investigator licensed under this section (ORS 703.401-703.995), an attorney or other employer who has requested that the person be issued an interim investigator's license.

Self-issued interim licenses will not be validated by DPSST.