

CHANGE OF INFORMATION FORM

PI-23

____ CHANGE OF CONTACT, WEBSITE OR AGENT INFORMATION
____ REQUEST FOR REPLACEMENT LICENSE OR NAME CHANGE

DPSST, Private Professional Certification and Licensing, dpsst.investigators@dpsst.oregon.gov
4190 Aumsville Hwy SE Salem, OR 97317 Phone (503) 378-8531 · Fax (503) 378-4600



PERSONAL INFORMATION

Name _____ PI ID# _____
Home Address _____
City _____ State _____ Zip _____
Phone: Home _____ Work _____ Cell _____
Email Address: _____
Email is used as the primary communication for all correspondences regarding your license.

WEBSITE INFORMATION (THIS INFORMATION WILL APPEAR ON THE DPSST WEBSITE IN ACCORDANCE WITH ORS 703.480)

Business Name _____
Business Address _____
City _____ State _____ Zip _____ Phone _____

AGENT FOR SERVICE OF PROCESS (FOR OUT OF STATE INVESTIGATORS ONLY)

Business Name _____
Contact Person _____
Oregon Address _____
City _____ State _____ Zip _____ Phone _____

REQUEST FOR REPLACEMENT LICENSE

☐ Enclose \$24.00 fee

Private Investigator ☐ Provisional Investigator ☐
Reason for replacement:
Lost ☐ Stolen ☐ Destroyed ☐ Circumstances of destruction _____
An investigator shall carry at all times, while engaged in the practice of investigating, the identification card issued. Pursuant to Oregon Revised Statute (ORS) 703.435(2).

REQUEST FOR NAME CHANGE

☐ Enclose \$24.00 fee

Private Investigator ☐ Provisional Investigator ☐
Former Name _____
Current Legal Name _____
Reason: Marriage ☐ Divorce ☐ Legal Name Change ☐
Attach proof of name change with this document. **Approved documentation includes copies of your driver's license, state issued ID, SSN card, or court documents**

Certification of Information

I hereby certify that all of the information given, and any supporting documentation submitted, are true and correct. I understand that any falsification could result in denial, suspension and/or revocation of my license.

Signature _____ Date _____

☐ 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.