

RECIPROCAL FORM

PI-24

Reciprocity for states that are in an agreement with Oregon.

☐ California (60 days per case)

☐ Louisiana (30 days per case)

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 _____ DOB _____

Email _____

Address _____

City _____ State _____ Zip _____ Phone _____

Driver's License Number and State _____ / _____ Expiration Date _____

OREGON CONTACT INFORMATION

Temporary Address _____

City _____ State _____ Zip _____ Phone _____

BUSINESS INFORMATION

Business Name _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Investigator working in Oregon _____

Please include a copy of the business or individual's license

DESIGNATION OF AGENT FOR SERVICE OF PROCESS

If a complaint is filed against the applicant while performing private investigative activities in Oregon, the home state or state of residence will be responsible for any disciplinary action taken. The home state will also be made as delivery for service of process.

Home State Regulatory Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

CERTIFICATION OF INFORMATION

I hereby certify that that all the information provided, and any supporting documentation submitted, are true and correct. I understand to work in Oregon, my license must be current and in good standing with my home state. I also understand that I cannot solicit business while working in Oregon. Any falsification could result in termination of this agreement and civil penalties.

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.