



PI-1 Application for Licensure

Department of Public Safety Standards and Training (DPSST)
Private Professional Certification and Licensing
4190 Aumsville Hwy SE, Salem, OR 97317-8983

Phone: 503-378-8531 / Fax: 503-378-4600
E-mail: dpsst.investigators@dpsst.oregon.gov
Website: <http://www.oregon.gov/dpsst/pi>

Welcome to the Private Investigator Licensing Program

Attached you will find the application for a new provisional or private investigator license. Please make sure to complete it in its entirety. Incomplete or illegible forms/documents may delay issuance of a licensure. For minimum standards, procedures, or general questions please refer to our website at <http://www.oregon.gov/dpsst/pi>. You may also contact us via email at dpsst.investigators@dpsst.oregon.gov or by calling our office at: (503)378-8531.

Important information for all applicants

What is required for a completed **NEW** application packet?

- ☐ PI-1 – Application for licensure;
- ☐ *Documentation* showing 1500 hours of experience: resume, transcripts, etc.
- ☐ Surety bond, an irrevocable letter of credit issued by an Oregon commercial bank, or errors and omission insurance in the amount of at least \$5,000
- ☐ 3 letters of professional reference;
- ☐ Photo – Electronic JPEG version minimum resolution of 640X480. Emailed to: dpsst.investigators@dpsst.oregon.gov
- ☐ PI-27 – Code of Ethics;
- ☐ Fees; * Pursuant to OAR 259-061-0010 payments to the Department are non-refundable.
- ☐ *Fingerprints – options & information: <https://www.oregon.gov/dpsst/PI/Pages/New.aspx>
***If using Fieldprint, Inc. – You must include a copy of your ‘confirmation page’ with your PI-1 upon submission to DPSST.**

Private Investigator Licenses

- ☐ **PRIVATE INVESTIGATOR**
Must clearly show you have 1500 hours of experience which may include up to 500 hours of education for a related course of study.

- ☐ **PROVISIONAL INVESTIGATOR**
No experience required, but cannot supervise other investigators and must submit additional continuing education hours upon renewal.

FORM	FEE
Application/Examination	\$29
Fingerprint/Criminal background check fee	\$45
License Fee	\$690

TOTAL FEES - \$764

Do not leave any sections blank. If the question or statement does not apply to you please put an “N/A” in the space. Incomplete applications could cause delays in processing.

RETURN YOUR APPLICATION PACKET AND FEES TO 4190 AUMSVILLE HWY SE, SALEM, OREGON 97317

CASHIERS/BUSINESS

CHECK

OR MONEY ORDER

Payable to: DPSST

~ Cash will NOT be accepted

CREDIT OR DEBIT CARD PAYMENT

Credit Card Authorization Form:

www.oregon.gov/dpsst/PI/Forms/Credit%20Card%20Authorization%20Form.pdf

Print, complete & mail with all other application materials

Or

Fax payment form to:

(503) 378-4600

General Information

PLEASE TYPE OR PRINT CLEARLY

All private investigators must notify the Department within 10 calendar days of any change of address by completing a Private Investigator Change of Information form (PI-23).

First Name:		Middle Initial:		Last Name:	
*Social Security or Federal Individual Tax Identification Number:				Driver's License Number/State:	
Previous Name(s):					
Race (Optional): <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American			Country of Citizenship:		Legally able to work in U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
Height:		Weight:		Hair Color:	Eye Color:
Gender:		Date of Birth:		**E-mail Address:	
Highest level of education:			Do you have the required 1500hrs of experience? <input type="checkbox"/> YES - please attach documentation <input type="checkbox"/> NO		
Home Phone:		Work Phone:		Cell Phone:	
Home Address:					
City:		State:		Zip Code:	
County:					
Mailing Address (If different):					
City:		State:		Zip Code:	
County:					

Orientation and Exam Information

The exam information will be emailed to you after your application is processed. Exams will be completed through Workday. We encourage you to set up a Workday Account ahead of time as each registration is approved manually during normal business hours.

Information can be found at: <https://www.oregon.gov/dpsst/PI/Pages/Exam%20Information.aspx>.

*You are required to provide their Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC 405(c)(2)(C)(i) and 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a license or certification.

**Your email will now be used as our form of communication for all correspondence regarding your application process.

Applicant's Investigative Business Information – ORS 703.480

This information is required by ORS 703.480(2)(c) and will appear on the DPSST PI website in a publicly searchable document.

Business Name:
Business Mailing Address: <small>(May be a PO Box)</small>
Telephone:
Agent for Service of Process for Out of State Investigators ONLY Business Name _____ Contact Person: _____ Oregon Address _____ City _____ Zip _____ Phone _____

Residence History - 10 Years

Provide the last 10 years of residence history beginning with current residency.

(Please list additional residences on a separate sheet)

<u>State</u>	<u>City</u>	<u>Years</u>	
		From:	To:

Employment - 10 Years

Provide the last 10 consecutive years of employment history.

(Please list additional employers on a separate sheet)

Current Employer (Name & Address): _____

Start Date: _____ Job title: _____

Previous Employer (Name & Address): _____

Start Date: _____ End Date: _____

Previous Employer (Name & Address): _____

Start Date: _____ End Date: _____

Moral Fitness

All private investigator applicants must uphold the core values established by the Board of Public Safety Standards and Training and be of good moral fitness as determined by criminal background check, department investigation or other reliable sources. Lack of good moral fitness includes, but is not limited to, mandatory or discretionary disqualifying misconduct as described in OAR 259-061-0300(2). All applicants are required to disclose any acts constituting grounds for denial of an investigator's license and must notify the department if the applicant is charged with a criminal offense. The department shall conduct a special review of any applicant making a disclosure.

If you answer yes to any of the below questions, attach an explanation and provide date, location, and nature of offense.

1. Has a certification or license in any other occupation or professional capacity issued in your name in any state or by the federal government ever been refused, suspended, revoked or restricted OR have you ever voluntarily relinquished a certification/license?
☐ YES ☐ NO
 2. Have you had any action taken against any state issued certificate/license or are you currently being investigated regarding any state issued certificate/license – including DPSST?
☐ YES ☐ NO
 3. Have you ever been investigated, required to appear before or been sanctioned by any professional body or federal or state agency for alleged misconduct – including DPSST?
☐ YES ☐ NO
 4. Have you ever been notified by DPSST that you have an open case, that is being reviewed by DPSST?
☐ YES ☐ NO
 5. Have you had an investigator license in another state?
☐ YES ☐ NO State(s) _____ Year(s) _____
 6. Have you ever been convicted of, arrested OR is there any action pending against you for any criminal offense?
☐ YES ☐ NO
 7. Have you ever committed an act that would be considered a violation of one of the five core values outlined in OAR 259-061-0020 and OAR 259-061-0300? (Dishonest, failure to strive for justice, lack of public trust, lack of respect for the law of this state or nation)
☐ YES ☐ NO
 8. Have you ever been the subject of a lawsuit, arbitration, mediation, or disciplinary action regarding your investigative activities?
☐ YES ☐ NO
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Signature of Applicant - The information contained in this application is true and correct to the best of my knowledge. I understand that falsification of any documents submitted to the department may be cause for denial or revocation of licensure under OAR 259-061-0300, and subject to a civil penalty under OAR 259-061-0200. I further understand that the information provided in this application will be used to conduct a background investigation.

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.



PI-27

Investigator Code of Ethics

As an Investigator, I swear or affirm that I will, at all times, demonstrate the core values that are integral to the field of private investigation as follows:

- Character. Good character includes being respectful and courteous, being faithful and diligent, using discretion, demonstrating compassion and exhibiting courage;
- Honesty. Honesty includes integrity, credibility, acting honorably, adhering to the facts and maintaining confidences;
- Striving for Justice. Striving for justice includes just treatment, the quality or characteristics of being just, fair and non-discriminatory;
- Public Trust. Public trust includes maintaining public confidences, being law-abiding and adhering to recognized industry standards; and
- Respect for the laws and constitutions of this state and nation

[OAR 259-061-0040]

I will:

- Obey all laws in the pursuit of an investigation;
- Abide by all provisions of ORS chapter 703 and OAR chapter 259, Division 061 as they relate to licensed investigators;
- Never permit personal feelings, prejudices, political beliefs, aspirations, animosities or friendships to influence my professional decisions;
- Never compromise and will relentlessly perform my duties in accordance with the law, courteously and appropriately, without fear or favor, malice or ill-will;
- Maintain each client's confidentiality within the limits of the law;
- Accept sole responsibility for my individual standard of professional performance and actions, taking every reasonable opportunity to enhance and improve my level of knowledge, competence, and professional integrity;
- Actively seek and report the truth in the performance of my professional duties;
- Be above reproach in the financial aspects of my relationships with clients;
- Abide by the terms of agreements made with my clients to the best of my ability;
- Recognize that the credential of a licensed investigator is a symbol of public trust, to be held only so long as I am true to the ethics of the investigative profession.

As an investigator I recognize that I am bound to this code of ethics and will constantly strive to maintain them, dedicating myself to my chosen profession.

Printed Name: _____ PIID Number or if new N/A: _____

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.