



# 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](mailto: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](mailto: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](mailto: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](http://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).

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

## **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.

<b>Business Name:</b>
<b>Business Mailing Address:</b> <small>(May be a PO Box)</small>
<b>Telephone:</b>
<b>Agent for Service of Process for Out of State Investigators ONLY</b> 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: \_\_\_\_\_

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## **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.