



PI-21 Application for Renewal of 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>

Attached you will find the renewal application for your 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> Or 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 **RENEWAL** application packet?

- ☐ PI-21 – Application for renewal of licensure;
- ☐ PI-6 – Continuing Education Summary Form;
- ☐ PI-27 – Code of Ethics;
- ☐ Proof of current 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;
- ☐ Current Photo (no more than 6 months old) – Electronic JPEG version minimum resolution of 640X480. Emailed to: dpsst.investigators@dpsst.oregon.gov and;
- ☐ Fees *Pursuant to OAR 259-061-0010 payments to the Department are non-refundable.
- ☐ 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.

Deadline: Your renewal application and support documentation **MUST BE RECEIVED ON OR BEFORE your expiration date to avoid a late fee.** Upon your expiration date, your license will be considered expired, and you cannot work as an investigator until your license is renewed. If your application and/or fees are received more than thirty days past the expiration date, your license cannot be reinstated. Per ORS 703.445 you will forfeit the right to work as an investigator in this state and must comply with all initial application procedures in order to be licensed again.

Private Investigator Licenses		
<input type="checkbox"/> <u>PRIVATE INVESTIGATOR</u>	License Renewal	FEE
	License Fee	\$690
<input type="checkbox"/> <u>PROVISIONAL INVESTIGATOR</u>	Late Fee – if applying after expiration date	\$35

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

Payment options: CREDIT OR DEBIT CARD PAYMENT, CASHIER/BUSINESS CHECK OR MONEY ORDER

Credit Card Authorization Form:

<https://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

Cashier/Business Check or Money Order – Payable to DPSST

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:	Last Name:	PI-ID number:	
Home Address:			
City:	State:	Zip Code:	County:
<u>Your email will be used as our form of communication for all correspondence regarding your application process.</u>			
E-mail Address:			
Home Phone:		Cell Phone:	
Mailing Address (If different):			
City:	State:	Zip Code:	County:

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.

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

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, nature of offense and status or resolution.

1. Since your last valid application, do you have a pending charge or conviction for a felony or misdemeanor? YES ☐ NO ☐
2. Since your last valid application, have you been charged with a felony or misdemeanor and agreed to a stipulation or settlement in lieu of conviction? YES ☐ NO ☐
3. Since your last valid application, have you been the subject of a complaint, lawsuit or arbitration regarding your investigative services? YES ☐ NO ☐
4. Since your last valid application, have conditions or restrictions been placed on your investigative license or registration held in this or another state or jurisdiction including local, state, federal or tribal? YES ☐ NO ☐

Are you currently under investigation for alleged misconduct that may be grounds for denial or revocation of a professional certification or licensure? YES ☐ NO ☐

5. Have you ever been notified by DPSST that you have an open case, that is being reviewed by DPSST? YES ☐ NO ☐
6. Since your last valid application, have any claims been filed against your surety bond, irrevocable letter of credit or errors and omissions insurance policy? YES ☐ NO ☐
7. Since your last valid application, has your investigative license or registration ever been revoked or suspended? Or have you ever been censured, reprimanded or put on a period of probation for any certification/license/company registration? YES ☐ NO ☐

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 as provided above.