



PI-9 Temporary Investigator License

Department of Public Safety Standards and Training
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>

This is a temporary license for qualified private investigators. Please make sure to complete it in its entirety. 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 **TEMPORARY LICENSE** application packet?

The case you are investigating must be originating from your current private investigator licensing or certifying jurisdiction and you must:

- ☐ Be certified or licensed to perform private investigations in another jurisdiction;
- ☐ Be in good standing with the issuing jurisdiction;
- ☐ Have completed a background check as required by the issuing jurisdiction in order to obtain license or certification; and
- ☐ Hold 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.

Additional conditions:

- ☐ This form must be submitted electronically or mailed and postmarked to the Department within 72 hours of beginning any investigatory services in Oregon.
- ☐ A temporary license is only valid for a total of 30 aggregate days per calendar year from the first day of performing investigatory services in Oregon.
- ☐ Investigators providing services in Oregon with a temporary investigator license are required to maintain a record of the dates that they have performed investigatory services in Oregon and must provide that record to the Department upon request.
- ☐ Individuals providing services in Oregon with a temporary investigator's license must:
 - Obey all rules of conduct and ethics that apply to Oregon private investigators;
 - Obey state laws as they pertain to the duties of investigations for Oregon private investigators;
 - Have in their possession a copy of the Form PI-9 at all times while performing investigative services in this state and must be able to present the temporary investigator's license to any Department staff member, law enforcement officer or any other person upon reasonable request;
 - Not solicit, initiate new cases or open a business in Oregon;
 - Not perform investigatory services in Oregon for more than 30 aggregate days per calendar year; and
 - Apply for Oregon licensure as a private investigator if providing investigatory services for more than 30 aggregate days per calendar year.
- ☐ Complaints received by the Department will be forwarded to the investigator's licensing or certifying jurisdiction.
- ☐ Violations of the law or these administrative rules may be considered grounds for:
 - Administrative proceeding or court action, up to and including civil penalty, as outlined in Oregon Administrative Rule (OAR) 259-061-0200 (Compliance); or
 - Denial, suspension or revocation of the temporary private investigator's license as outline in OAR 259-061-0300 (Denial/Suspension/Revocation).

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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:	
Mailing Address:			
City:	State:	Zip Code:	County:
E-mail Address:		Date of Birth:	
Home Phone:		Cell Phone:	
Temporary Address in Oregon:			
City:	State:	Zip Code:	County:

Business Name:
Business Mailing Address: (May be a PO Box)
Telephone:

Temporary License Issued: ____ / ____ / ____

A temporary license is only valid for a total of 30 aggregate days per calendar year from the first day of performing investigatory services in Oregon.

If this is not your first Temporary License, please provide a record of the dates that you have performed prior investigatory services in Oregon.

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.