

**MONTANA BOARD OF PRIVATE  
SECURITY 301 South Park Avenue, 4<sup>th</sup>  
Floor  
PO Box 200513  
Helena, Montana 59620-0513  
Phone: (406) 444-5773**

Email: DLIBSDLicensingUnitC@mt.gov

Website: [www.privatesecurity.mt.gov](http://www.privatesecurity.mt.gov)

## **APPLICATION FOR PRIVATE INVESTIGATOR**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. ANSWER ALL QUESTIONS TRUTHFULLY AND HONESTLY. REJECTED FINGERPRINTS WILL DELAY THE APPLICATION. (Please allow 30 days processing from the date that the Board has a complete **routine** application)

### **LICENSE REQUIREMENTS:**

- 21 years of age or older.
- United States citizen or legal permanent U.S. resident.
- FBI and Montana Dept. of Justice criminal fingerprint background check.
- Minimum of three years (5,400 hours) experience/education pursuant to ARM 24.182.503.
- High school diploma or equivalent.
- Honorably discharged from any branch of the United States military service.
- Pass the Private Investigator Board examination with a score of 70% or greater. The examination is based on Title 37, Chapters 1 and 60, MCA and ARM 24, Chapter 182. For out-of-state applicants, it is your responsibility to find a facility to proctor the exam and notify the board of the location in writing.
- Full-face passport-type photograph of head and shoulders.
- Completed application form, supporting documentation, and appropriate fees.

### **FEES (NON-REFUNDABLE)**

**\$250.00 Application Fee**

**\$ 20.00 Exam Fee**

**\$ 50.00 Armed Endorsement** (optional)

**\*\*Make check or money order payable to the Montana Board of Private Security\*\***

### **PHOTOS**

Affix a photo to page of application as indicated. The photo must be full-face passport type of head and shoulders with applicant's signature in below.

### **DOCUMENTS**

Submit the following documents to the Board office in order to complete your license application. All documents must be copied to a standard page size of 8 ½" x 11". All documents not in English must be accompanied by certified translations.

- Completed application and attached photograph.
- Copy of driver's license or birth certificate for proof of age.
- Copy of birth certificate, United States passport or Immigration green card for proof of citizenship or permanent legal residency.
- Copy of high school diploma or equivalency.

- Proof of 3 years (5,400 hours) of Experience/Education. (A combination of experience, education and training may be used to meet the experience requirement, but education and training may not exceed ½ the experience required.)
  1. 3 years of full-time experience engaged in the private investigative business;
  2. Employed as a private investigator or having held a certificate of authority to conduct a private investigate business; or
  3. Having been an investigator, detective, special agent, or peace officer of a city, county, or state government or the United State government. Self-employment must be verified by tax returns. (1 ½ years experience as a licensed insurance investigator may be applied toward the 3 years of experience required for a private investigator.)
  4. Proof of education and training submitted with the application to meet the 3 years experience requirement may include transcripts; diplomas; seminar certificates; course completion certificates; or other supporting documentation.
  5. 6 months of the experience requirement may be met by successful completion and verification of the basic course at the Montana Law Enforcement Academy.
  6. A combination of experience, education and training may not exceed ½ the experience required.
- Current Certificate of Insurance with the Montana Board of Private Security listed as the certificate holder and indicating a minimum of \$500,000 per occurrence of commercial general liability which includes personal injury. If licensed with armed status, private investigators shall be covered by liability for firearms coverage.
- Applicant must have three references pursuant to ARM 24.182.501(5).
- Copy of a current firearms certification, if you are requesting Armed Endorsement.
- Completed Verification of Licensure form, if you hold or ever held a professional/occupational licenses in another state or jurisdiction.
- Copy of your DD 214, if you have served in any branch of the United States Armed Forces.

## **APPLICATION PROCEDURES**

- Staff will notify applicants in writing if the applicant is required to submit additional information. Once the application is complete, staff will process and issue licenses. Please allow 30 days processing from the date that the Board has a **complete, routine** application.
- An application will be considered as a **non-routine** application if the Criminal History Record Information returns a criminal history or other irregularity requires the application to be reviewed by the Board during a regularly scheduled Board meeting. Non-routine applications may take up to 120 days to finalize.
- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached "Verification of Licensure" request form as needed. Some states may charge a fee for verifications. Contact each state board or jurisdiction prior to sending the request.
- Ensure the individual reference you listed on your application completes the questionnaire form and return the form directly to the Board office as soon as possible.
- Notify the Board office immediately of any address change or termination of employment from the sponsoring security company.

## **FINGERPRINT/BACKGROUND CHECK PROCESS**

Fingerprint cards are available from most local law enforcement agencies and the Montana

Department of Justice (DOJ). Complete the information requested at the top of the fingerprint card prior to having your prints taken and include the following information:

EMPLOYER AND ADDRESS: Board of Private Security, PO Box 200513, Helena, MT 59620-0513  
REASON FINGERPRINTED: Licensure & 37-60-304, MCA  
ORI: MT920073Z

Most local law enforcement agencies will take your fingerprints for a nominal fee. After paying this fee and having your fingerprints taken, send the completed fingerprint card along with a check or money order for **\$27.25** made payable to the "Montana Department of Justice" and mail it to Montana Criminal Records, 2225 11th Avenue, PO Box 201403, Helena MT 59620-1403. Please check with your local post office and add accurate postage prior to mailing.

If DOJ rejects your first fingerprint card as "unreadable," the Board office will notify you and send a new fingerprint card for you to re submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.

Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Private Security. Your application will not be considered complete until the CHRI is received from the DOJ.

<b>APPLICANT</b> FD-258 (REV. 3-1-10) 1110-0046		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME - NAM FIRST NAME MIDDLE NAME				FBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES - AKA		O. R. <b>MT920073Z</b>		BD PRIVATE SECURITY		HELENA, MT		DATE OF BIRTH - DOB Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP - CTZ		SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH - POB	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. - OGA		LEAVE BLANK						
EMPLOYER AND ADDRESS BOARD OF PRIVATE SECURITY PO BOX 200513 HELENA MT 59620		FBI NO. - FBI		CLASS							
REASON FINGERPRINTED Licensure & 37-60-304 MCA		ARMED FORCES NO. - MNU		NET							
SOCIAL SECURITY NO. - SOC		MISCELLANEOUS NO. - MNU									
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				1. THUMB		2. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

SAMPLE

**For information with regard to the processing of this application or other concerns please contact the Board of Private Security staff at (406) 444-5773 or email us at [DLIBSDLicensingUnitC@mt.gov](mailto:DLIBSDLicensingUnitC@mt.gov).**

REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE ON OUR WEBSITE:  
[www.privatesecurity.mt.gov](http://www.privatesecurity.mt.gov)

**THE APPLICATION FOLLOWS**

## Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>8</sup> by the Montana Board of Private Security that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>9</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>10</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at [dojitsdpublicrecords@mt.gov](mailto:dojitsdpublicrecords@mt.gov) or 406-444-3625.

*Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.*

Signed:

---

Signature

Date

---

Printed Name

<sup>8</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>9</sup> See 28 CFR 50.12(b).

<sup>10</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form

## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form

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**Application for Licensure as:**

- Armed Private Investigator**      **Unarmed Private Investigator**

**Allow 30 days from the date the Board has a complete routine application file for licensure.**

1. FULL NAME: \_\_\_\_\_  
Last First Middle
2. OTHER NAMES KNOWN BY: \_\_\_\_\_
3. LICENSE NAME: \_\_\_\_\_  
State your name as it should appear on your license if granted.
4. BUSINESS NAME: \_\_\_\_\_
5. BUSINESS ADDRESS: \_\_\_\_\_  
Street or PO Box #  
\_\_\_\_\_  
City State Zip Code
6. HOME ADDRESS: \_\_\_\_\_  
Street or PO Box #  
\_\_\_\_\_  
City State Zip Code
- PREFERRED MAILING ADDRESS (Check one):    Home or    Business
- EMAIL ADDRESS: \_\_\_\_\_
7. TELEPHONE:    BUSINESS \_\_\_\_\_ HOME \_\_\_\_\_ FAX \_\_\_\_\_
8. SOCIAL SECURITY NUMBER: \_\_\_\_\_
9. DATE OF BIRTH: \_\_\_\_\_

MALE  
FEMALE

10.    US CITIZEN                    LEGAL PERMANENT RESIDENT

11. List all professional licenses you hold or ever have held. License Verifications must be sent directly to the Montana Board office from each state/province/territory. (See attached)

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested Verification?
					<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please Read Carefully**  
**Your license may be denied if you provide inaccurate or incomplete information. Answer questions completely and truthfully, please attach additional sheets for additional explanation if necessary.**

12. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No
13. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No
14. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.  Yes  No
15. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No
16. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No
17. Have any civil legal proceedings been filed against you by a client, former client, or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.  Yes  No
18. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution.  Yes  No
- If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fine of less than \$200; and (2) convictions prior to your 18<sup>th</sup> birthday unless you were tried as an adult. **Note: your answer will be cross-referenced with your fingerprint background check results results.**
19. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.  Yes  No
20. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.  Yes  No
21. Have you ever been court-martialed or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation form the source.  Yes  No



22. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security, etc.) If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

23. Have you ever been licensed in the State of Montana? If yes, please provide the license information:

TYPE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

24. Have you served in any branch of the United States Armed Forces? If yes, you must provide a copy of your DD214.  Yes  No

25. EDUCATION

Name of School	City and State/Province/Territory	Dates Attended	Degree Earned

26. CHARACTER REFERENCES

Please type or print name and address of three references, not related by blood or marriage, who has known you or associated with you for a minimum of one year. Verification of moral/professional character form is included in this application. (Two of the three references must be former employers, or individuals or firms with which the applicant has a contractual working agreement if self-employed, or individuals or firms having knowledge of the agreement or working relationship; or as determined acceptable by the Board.)

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

27. ARMED ENDORSEMENT (ONLY)

Please list the type and caliber of weapon you intend to carry while performing your duties as a private investigator.

Firearm Make/Model	Firearm Caliber	Qualified Combat Shooting CRS Completion date/Type of Weapon

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and Sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at  
City/State \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

For the State of \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_.

SEAL



Signature (for ID card): \_\_\_\_\_

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**Helena, Montana 59620-0513**  
**(406) 444-5773**

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION & LIABILITY**

I, \_\_\_\_\_, am an applicant for licensure as a

Security Guard  Private Investigator/Trainee  Alarm Response Runner

Resident Manager  Alarm Installer  Process Server

and, if issued a license, will be employed with the following private security employer:

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(Name of Business)

(Name of Authorized Business Representative)

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Address

Telephone Contact

I hereby authorize the Board to release, upon written request to the employer identified above, any and all information regarding my application and license status which may not be considered to be public information, except that the Board shall not release Criminal History Record Information obtained from the Montana Department of Justice and Federal Bureau of Investigation.

The information I authorize the Board to disclose written or verbal to my employer includes, but is not limited to, application status, the particulars of missing application information or fees, and disciplinary action.

I further understand and expressly release the Board, Department of Labor and Industry, and the State of Montana from liability for further unauthorized dissemination by the above employer of information protected by law as confidential.

A photocopy or electronic version of this signed release shall be considered as valid as the original. This authorization will remain in force as long as my application is pending and if the license is issued to me, for the duration of my employment with the above employer or until revoked by me, in writing and received by the Board of Private Security.

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Signature (Applicant/Licensee)

(Date)

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**CHARACTER REFERENCE**

**APPLICANT:** Complete the upper portion of this form and mail to each of the character references you have listed in your application. This person must know you or be associated with you for a minimum of one year. **They cannot be related to you by blood or marriage.**

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

(Please Type or Print):

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

This verification sent to: \_\_\_\_\_

**CHARACTER REFERENCE:** Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Private Security. Your response will be kept confidential.

Name of reference: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Applicant/Profession/Position: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

To your knowledge, does this applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes," please explain:  Yes  No

Do you consider this applicant worthy of approval to practice as a licensee in Montana?

Yes  No

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The Applicant and the Board thank you for your assistance. Please mail this character reference directly to the address above.

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

**VERIFICATION OF LICENSURE**

**Please complete this section of the form and mail to EACH state board in which you are now or ever have been licensed to practice as a \_\_\_\_\_.**  
**You may copy this form as many times as needed. Some boards require a fee for this service. Please contact them directly for more information.**

STATE BOARD:

I am applying for a license as a \_\_\_\_\_ in the State of Montana. The Board of Private Security requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **Board of Private Security, 301 South Park Avenue, PO Box 200513, Helena, MT 59620-0513**. Your early response is appreciated.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Name (Please print)

Address: \_\_\_\_\_

My license number in your state is: \_\_\_\_\_

**DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE **MONTANA STATE BOARD OF PRIVATE SECURITY****

State of: \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_ Original License/Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ License current? If NO, please explain: \_\_\_\_\_

Has license been suspended, revoked, placed on probation or otherwise disciplined?

Yes  No If YES, explain and attach documentation: \_\_\_\_\_

Has licensee ever been requested to appear before your Board?  Yes  No

If YES, explain: \_\_\_\_\_

Derogatory information, if any: \_\_\_\_\_

Comments, if any: \_\_\_\_\_

Signed: \_\_\_\_\_

BOARD SEAL

Title: \_\_\_\_\_

State Board: \_\_\_\_\_ Date: \_\_\_\_\_