

**MONTANA BOARD OF PRIVATE SECURITY**  
**301 South Park Avenue, 4<sup>th</sup> Floor**  
**PO Box 200513**  
**Helena, Montana 59620-0513**  
Phone: (406) 444-5711

Email: DLIBSDLicensingUnitB@mt.gov

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

## **APPLICATION FOR PRIVATE INVESTIGATOR TRAINEE**

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**

- 18 years of age or older.
- United States citizen or legal permanent U.S. resident.
- High school diploma or equivalent.
- Honorably discharged from any branch of the United States military service.
- FBI and Montana Dept. of Justice criminal fingerprint background check.
- Full-face passport-type photograph of head and shoulders.
- Completed application form, supporting documentation, and appropriate fees.

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

#### **\$150.00 Application Fee**

**\*\*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.
- Completed verification of licensure form, if you hold or have held professional/occupational licenses in another state.
- Completed Character Reference form.
- Completed Private Investigator Trainee Supervisory Agreement.
- Copy of DD214, if you have served in any branch of the United States Armed Forces.
- Copy of high school diploma or equivalency.

### **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

<b>APPLICANT</b> <small>FD-509 (REV. 3-1-10) 1133-0948</small>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME - NAM		FIRST NAME	MIDDLE NAME	DATE OF BIRTH - DOB Month Day Year		
RESIDENCE OF PERSON FINGERPRINTED		ALIASES - AKA		<input type="checkbox"/> O	<input type="checkbox"/> R	MT920073Z BD PRIVATE SECURITY HELENA, MT		
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP - CTZ		SEX	RACE	HGT	WT	
EMPLOYER AND ADDRESS BOARD OF PRIVATE SECURITY PO BOX 200513 HELENA MT 59620		STATE NO. - OCA		EYES	HAIR	PLACE OF BIRTH - POB		
REASON FINGERPRINTED Licensure & 37-60-304 MCA		FBI NO. - FBI		LEAVE BLANK				
		ARMED FORCE(S) NO. - MNU		CLASS				
		SOCIAL SECURITY NO. - SOC		JOB				
		MISCELLANEOUS NO. - MNU						

SAMPLE

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.

**For information with regard to the processing of this application or other concerns please contact the Board of Private Security staff at (406) 444-5711 or email us at: [DLIBSDLicensingUnitB@mt.gov](mailto:DLIBSDLicensingUnitB@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:

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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).



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## Private Investigator Trainee Application

**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. HOME ADDRESS: \_\_\_\_\_  
Street or PO Box #  
 \_\_\_\_\_  
City State Zip Code

PREFERRED MAILING ADDRESS (Check one):  Home or  Business

EMAIL ADDRESS: \_\_\_\_\_

5. TELEPHONE: HOME \_\_\_\_\_ FAX \_\_\_\_\_
6. SOCIAL SECURITY NUMBER: \_\_\_\_\_
7. DATE OF BIRTH: \_\_\_\_\_ MALE  
FEMALE
8. US CITIZEN  LEGAL PERMANENT RESIDENT

9. PRIVATE INVESTIGATOR/COMPANY INFORMATION (PRESENT EMPLOYER):

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ License #: \_\_\_\_\_

10. 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 false or incomplete information. Answer questions completely and truthfully, please attach additional sheets for additional explanation if necessary.**

11. 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
12. 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
13. 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
14. 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
15. 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
16. 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
17. 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.**
18. 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
19. 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
20. 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 from the source.  Yes  No

21. 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

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

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

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

24. EDUCATION

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

25. CHARACTER REFERENCE

Please type or print name and address of one reference, not related by blood or marriage, which have known you or associated with you for a minimum of one year. Verification of moral/professional character form is included in this application.

Name:
Address:
Telephone Number:



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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**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 understand that the consideration of my application and issuance of my license is contingent on my employment with a licensed private investigator regulated by Title 37 chapter 60, MCA and 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: \_\_\_\_\_

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**Private Investigator Trainee Supervisor Agreement**

I, \_\_\_\_\_, agree  
Printed Name of Supervising Private Investigator License No.

that as a licensed private investigator with the Montana Board of Private Security, will provide employment and direct supervision, and set forth the scope of the duties and training,

of \_\_\_\_\_ as a private investigator trainee.  
Printed Name of Private Investigator Trainee

I further agree that I will ACTIVELY SUPERVISE AND TRAIN the applicant during the time the applicant remains under my supervision as a private investigator trainee. I will be responsible for all actions of the trainee licensee. This agreement can be terminated with the consent of either party and by written notification to the Montana Board of Private Security.

In accordance with ARM 24.182.511(5), the trainee license may be renewed a maximum of four times. Therefore, the Private Investigator Trainee should complete their training within 5 years.

Pursuant to ARM 24.182.511(5) supervising Private Investigator shall submit quarterly reports, on a Board approved form, failure to do so may result in a complaint filed with the Board.

\_\_\_\_\_  
Private Investigator Trainee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Private Investigator

\_\_\_\_\_  
Date

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**PRIVATE INVESTIGATOR TRAINEE QUARTERLY TRAINING REPORT**

TRAINEE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

DATES OF TRAINING: From \_\_\_\_\_ To \_\_\_\_\_

TYPE OF TRAINING	TOTAL HOURS
Accident Investigation	_____
Arson Investigation	_____
Asset Investigation	_____
Background Investigation	_____
Civil Investigation	_____
Criminal Investigation	_____
Domestic Investigation	_____
Industrial/Employee Conduct Investigation	_____
Insurance Investigation	_____
Investigative Photography	_____
Missing Person Investigation	_____
Personal Injury (other than auto)	_____
Report Writing	_____
Skip Tracing	_____
Surveillance	_____
Other (please list) _____	_____
_____	_____

TOTAL HOURS OF TRAINING FOR THE ABOVE NOTED  
DATES OF TRAINING: \_\_\_\_\_

I, the undersigned supervisor, hereby certify that I have provided direct supervision to the above named private investigator trainee in the areas and for the hours noted above.

\_\_\_\_\_  
Supervising Private Investigator

\_\_\_\_\_  
Date