

BOARD OF PRIVATE SECURITY

301 South Park Ave
PO Box 200513
Helena MT 59620
Phone: (406) 444-6880

Email: UnitA@mt.gov Website: www.privatesecurity.mt.gov

PRIVATE INVESTIGATOR Renewal Application

Name: _____

License Number: _____

If your preferred mailing address has changed, please list your new address below:

Preferred mailing address: _____

City, State and Zip Code: _____

Your Montana Private Investigator license expires on **March 1**.

Active Renewal Fee: \$0.00

Inactive Renewal Fee: \$0.00

Active Late Renewal: \$350 (if postmarked after March 1)

Armed Endorsement: \$0 (only if applicable- see below)

Please follow the instructions below in order to renew your license:

- 1) **IMPORTANT FEE NOTICE:** For the 2019/2020 renewal cycle, there is **NO (zero, \$0)** renewal fee for companies, individuals, and endorsements. If a renewal is submitted after the official renewal cycle deadline of March 1, the full renewal fee, the late fee, and all endorsement fees will apply. **You must still submit the renewal paperwork electronically or by mail for your license to be renewed.** This fee abatement applies to this renewal cycle only.
- 2) The total armed endorsement renewal fee is \$100 after March 1.
- 3) In accordance with ARM 24.182.405 (1) a Private Investigator shall file a yearly certificate of insurance with the board. Private investigators shall maintain a minimum of \$500,000 per occurrence of commercial general liability which includes personal injury. In addition to the minimum insurance requirements, if licensed with armed status, private investigator shall be covered by liability for firearms coverage.

I affirm that I maintain a commercial general liability insurance policy as stated above. Please attach a current certificate of liability insurance to the renewal form.

I have not maintained a commercial general liability insurance policy as stated above. The Board may consider disciplinary action against your license.

- 4) In accordance with ARM 24.182.421(1) Licensees with armed status shall requalify annually with a Montana POST certified instructor or a Montana licensed certified firearms instructor (CFI) to maintain their firearm endorsement each year. Requalification will be based upon satisfactory completion of a board approved combat shooting course at least once during each year.

I affirm that I have a current firearms certification/requalification certificate completed on (month/year) _____.

Note: The armed endorsement cannot be added through the renewal process, you must apply separately.

I have a firearms endorsement but my firearms certificate/requalification certificate has expired. Note: You must have a current firearms requalification to renew armed. I am not required to have a current firearms certificate/requalification because I am unarmed or no longer choose to have the armed endorsement on my license.

- 5) Answer the disciplinary question, sign and date the renewal application, and return it to the Board office with the appropriate fees and other required documentation (if applicable) before March 1

Statement: By signing the application below, I declare under penalty of perjury that any false statement may lead to subsequent suspension or revocation of licensure on ethical grounds. Incomplete or unsigned renewal applications will not be processed and will be returned, which may be subject to the late fee if not post marked on or before March 1.

Have any legal or disciplinary actions been instituted against you or any of your professional licenses since either your initial licensure in Montana or since you renewed your license, whichever occurred latest?

Yes If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Section requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

No

CONTINUING EDUCATION: I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.182.2103 and that I may be audited for compliance with these requirements. I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the rule stated above.

Signature: _____

Date: _____