

Montana Private Security Program
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HELENA, MONTANA 59620-0513
(406) 841-2300 FAX (406) 841-2309
EMAIL: dlibsdp@mt.gov WEBSITE: www.privatesecurity.mt.gov

Private Investigator Trainee Supervisor Agreement

I, _____
Printed Name of Supervising Private Investigator License Number

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

and training, of _____ as a private investigator
Printed Name of Private Investigator Trainee

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 Private Security Program.

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(7), supervising Private Investigator shall submit quarterly reports, on a Department approved form. Failure to do so may result in a complaint filed with the Department.

Private Investigator Trainee Date

Supervising Private Investigator Date