# **ALABAMA PRIVATE INVESTIGATION BOARD (APIB)**

60 Commerce Street Suite 1440 Montgomery, Alabama 36104



Phone: 334-801-9575 FAX: 334-801-9579

Web Site: <a href="www.apib.alabama.gov">www.apib.alabama.gov</a>
E-mail: theaustingroupAPIB@gmail.com



Application Instructions and Checklists ALABAMA IN STATE AGENCY

Note: Qualifying Alabama Private Investigator Licensees need only fill out section two of the application as they have already met the other terms of the application process.

The APIB desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process **complete applications only**. Complete applications will be the Board's first priority. Incomplete applications must have deficiencies addressed. Read all instructions carefully. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your application. **The Board accepts checks or money orders made payable to APIB. Please send with application to: APIB; 60 Commerce Street Suite 1440; Montgomery, AL 36104.** 

You should carefully read the APIB Licensure Law and the Rules and Regulations (also available on this web site) to familiarize yourself with them <u>prior</u> to beginning to complete the application. **Please keep a copy of all forms submitted to the APIB for your records**, as you may need some page for future reference and to ensure you have a copy in case the original is lost through the mailing process.

The APIB has been given the responsibility of protecting the public safety and welfare by regulating private investigation in the State of Alabama, which is our first concern. In addition, we are striving to meet the needs of the professional private investigators, who provide investigation services to the public. Therefore, we have attempted to make the rules and regulations and the application process as "user friendly" as possible. However, as you progress through the application process and, in time, the renewal process, you may have specific recommendations for improvement. We welcome suggestions and request that you mail them to our office in Montgomery.

<u>Checklists</u>: Checklists have been created to assist you in completing your application. Locate the checklist for the method by which you are applying for a license or certification. The checklists will direct you to the appropriate forms to complete. The following is a list of APIB checklists from which you should choose:

- License by Credential (Examination)
- Agency Licensing

<u>Application</u>: Applications must be typewritten or printed in ink and must be legible. Applicants should keep a copy of all documents submitted to the Board office for their own records. Complete the entire application. Leave no space blank. If a particular question or request for information does not apply to you, put a short line in the blank space or cross out the entire section to indicate the question or section has received your attention. Failure to supply necessary information may result in denial of application. All items that appear in red are required enclosures to be submitted with your completed application.

Your full name, social security number, and date of birth are essential for identification purposes. This information will be for confidential Board use only. Please supply this required information. The applicant's mailing address (as completed by the applicant on the application forms) may be used for publication of a roster of licensees on the Board web site. The applicant must mark their citizenship status in order for the Proof of Citizenship Form to be accepted. Make sure the section to be notarized is signed and dated by the applicant in the presence of a Notary Public. The Notarization date must match the date the applicant signs the application.

# Application Checklist for ALABAMA IN STATE AGENCY

Note: Items to be enclosed with the completed application appear in read (just as they do in the application).

- Complete Section 1 Fees
- Complete Section 2 General Information Alabama License Holder
- Complete Section 3 Affidavit of Application

#### SECTION 1 - FEES

### **Less than TWO licensed Private Investigators**

- o For a private investigation agency domiciled within this state, that employes or contracts with: not more than TWO licenses private investigators. A private investigation Agency is a corporation, firm, partnership, or other business entity that, for compensation, practices private investigation in this state and employs licensed private investigators. The term includes a business entity that practices investigation through licensed private investigators who are solely independent contractors rather than employees.
- Enclose a check or money order for \$50 made payable to APIB. This is the License Fee (This
  is a two-year license for not more than TWO licenses as employees or contractors at a time).

#### SECTION 1 - FEES

#### **MORE than TWO licensed Private Investigators**

- For a private investigation agency domiciled within this state, that employes or contracts with THREE or more licenses private investigators. A private investigation Agency is a corporation, firm, partnership, or other business entity that, for compensation, practices private investigation in this state and employs licensed private investigators. The term includes a business entity that practices investigation through licensed private investigators who are solely independent contractors rather than employees.
- Enclose a check or money order for \$200 made payable to APIB. This is the License Fee (This is a two-year license for MORE than TWO licenses as employees or contractors at a time).

Mail completed information to: APIB

60 Commerce Street Suite 1440

Montgomery, AL 36104



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SECTION 2 - Gen	<u>ieral Information</u>	CURRENT ALAB	AMA LICENSE HOLDER	
Company Name:_				
Company Mailing Address:		City	State Zip	
Name of Designee for Partnership:		Alab	ama Lic. Number:	
Home Mailing Address:		City	State Zip	
Physical Address:		City	State Zip	
Home Phone: (	)	Work Phone: ()	<del>-</del>	
Cell Phone: (		E-mail:		
Web Site:				
Social Security Nu	mber:	D.O.B/	/(mm/dd/yyyy)	
O Male OFemale Height: Weight: _		Hair Color:	Eye Color:	
Race:		Are you a military spouse? OYes ONo		
<b>Licenses</b> : List all Privseparate sheet of paper and	vate Investigator and any other security-rela	ated license you hold or have held. If	additional space is needed, record on a	
State	Type License	Date License was	License Status	
		Issued		
			O Active	
			O Inactive	
			O Active	
			O Inactive	
			O Active	
			O Inactive	

# **SECTION 3 – Affidavit of Applicant**

I authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to practice as a Private Investigator. I agree to give any further information that may be required in reference to my past record. I understand that to receive a copy of the report or know its contents, I must submit a written request to the Board.

I authorize and request the Alabama Private Investigation Board to obtain any criminal history information concerning me from any authorized law enforcement agency including but not limited to the Alabama Criminal Justice Information Center, Bureau of Investigation, and the National Crime Information Center (NCIC).

every nature and kind arising out of the	furnishing or inspection the Alabama Private	te Investigation Board for any and all liability of ons of such documents, records or other Investigation Board as it relates to me or to thi	
application is true and correct to the bes likeness of myself, and that I have read licensure of Private Investigator in the S	at of my knowledge, that and am familiar with the tate of Alabama. I ack may result in the denia	te that all of the information supplied in this at the photograph submitted herein is a true he Rules and Regulations pertaining to the knowledge that any false or untrue statements all or revocation of any license to practice privatellest extent of the law.	
Applicant's Signature		Date	
Notary			
Being duly sworn, says that he/she is the person true and that the attached photo is a true photo o		application and that all the statements herein contained ar	е
County ofSt	ate of		
SWORN to and subscribed before me this	day of	, 20	
	(Notary Public)	Affix SEAL here :	
My Commission Expires:			