POCATELLO LICENSE APPLICATION FOR PRIVATE INVESTIGATOR OR SECURITY GUARD

******* USING BLUE OR BLACK INK, COMPLETE EACH SECTION. *******
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

PRIVATE INVESTIGATOR _______ SECURITY GUARD _______
NEW _______ RENEWAL _______

NAME: ____________________________
Last                           First               Middle Name                            (Maiden & Former Names)
_________________________________________________________________________________

PHYSICAL ADDRESS: ________________________________________________________________
City                                State          Zip                               Phone & Cell Phone
_________________________________________________________________________________

NAME, ADDRESS & TELEPHONE OF BUSINESS FOR WHOM YOU INTEND TO WORK: _______________
_________________________________________________________________________________

NAME, ADDRESS & TELEPHONE OF BUSINESS FOR WHOM YOU WILL PROVIDE SERVICES FOR:
_________________________________________________________________________________

DO YOU INTEND TO CARRY A FIREARM DURING YOUR EMPLOYMENT WITH THE ABOVE
BUSINESS? _______ IF YES, YOU MUST ATTACH PROOF OF CURRENT FIREARMS QUALIFICATION.

UPON APPROVAL OF THIS APPLICATION, SUCH APPROVAL DOES NOT PROVIDE
AUTHORIZATION TO CARRY A CONCEALED FIREARM AT ANY TIME.

LIST WHERE YOU HAVE LIVED FOR THE PAST TEN YEARS, ONE LINE PER CITY, BEGIN WITH
YOUR CURRENT CITY: (not needed for renewals)

YEARS (example 2002-2012) CITY STATE ZIP CODE
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

DATE OF BIRTH: _______ SOCIAL SECURITY NO: __________________________

CITY AND STATE OF YOUR BIRTH: ____________________________ SEX: ______________
HEIGHT: _______ WEIGHT:______ HAIR: _______ EYES: _______
RACE: ______________
SCARS/MARKS: __________________________________________________________________

DRIVER’S LICENSE #: ____________________________ STATE: ______________ CLASS: ____
YOUR EMAIL ADDRESS: ________________________________________________

HAVE YOU BEEN LICENSED TO DRIVE IN ANOTHER STATE(S)? _____ STATE(S) ______________

HAVE YOU BEEN LICENSED AS A P.I. OR SECURITY GUARD IN ANOTHER JURISDICTION? _______

IF YES, WHERE & PROVIDE NAME & ADDRESS OF EMPLOYER: ________________________________

HAVE YOU SERVED IN THE U.S. ARMED FORCES? ______ IF YES, ATTACH A COPY OF DISCHARGE OR SEPARATION PAPERS. (Not needed for renewals.)

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR ADMITTED TO ANY VIOLATION OF CRIMINAL LAW OR HAD A WITHHELD JUDGEMENT FOR ANY CRIME COMMITTED: _______

IF YES, PROVIDE DATE, VIOLATIONS, AND LOCATION OF OFFENSE BELOW. USE A SEPARATE SHEET, IF NECESSARY

__________________________________________________________

__________________________________________________________

__________________________________________________________

I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS OF THE FOREGOING STATEMENTS OR ANSWERS. EACH AND ALL OF THE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND CONSENT IN ADVANCE TO HAVING MY LICENSE REVOKED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATION OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.

I HAVE REVIEWED AND UNDERSTAND THE CITY ORDINANCE 5.44 PRIVATE DETECTIVE AGENCIES, AND AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH IN THAT CHAPTER AS WELL AS ALL OTHER APPLICABLE LAWS.

SIGNATURE OF APPLICANT: _______________________________ Dated: ___________________

*** NO REFUNDS AFTER SUBMISSION OF THIS APPLICATION ***

********** CITY USE ONLY BELOW**********

RECORDS CHECK COMPLETED BY: ___________________________ DATE: ________________

Local: Yes No Attached ISTARS: Yes No Attached

IHOT: Yes No NCIC: Yes No D.L. Valid: Yes No

New applicants only: Return from BCI-Fingerprints: ____________________________

RECOMMENDATION TO MAYOR /COUNCIL: _______________ APPROVE _____________ DISAPPROVE

SIGNATURE OF POLICE: ___________________________ DATE: ________________

SIGNATURE OF CLERK: ___________________________ DATE: ________________

LICENSE # BL: ___________________________ LICENSE # PL: ___________________________
AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Pocatello, Idaho Police Department bearing this release, or a copy thereof, within one year of its date, to conduct a fingerprint-based, nationwide criminal history background check and obtain any information regarding criminal history and driving record. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pocatello Police Department in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social Security account number on a voluntary basis with the understanding such is not required by Federal Statute or regulation. I have been advised that the disclosure of my Social Security account number is necessary in order to facilitate the criminal history background check and driving record which relate to me. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME: ____________________________

(Include maiden name and former if applicable.)

SOCIAL SECURITY NUMBER: ______________ DATE OF BIRTH: ______________

CURRENT ADDRESS: ________________________________

TELEPHONE: __________________ DATE: ______________

SIGNATURE: ________________________________

WITNESS SIGNATURE: ________________________________
CITY OF POCATELLO  
SECURITY GUARD / PRIVATE INVESTIGATOR  
PROOF OF FIREARMS QUALIFICATION

<table>
<thead>
<tr>
<th>Type of Qualification:</th>
<th>Date of Qualification:</th>
<th>Qualification:</th>
<th>Make:</th>
<th>Model:</th>
<th>Serial #:</th>
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</thead>
<tbody>
<tr>
<td>NRA Short Course –</td>
<td></td>
<td>Score:</td>
<td></td>
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<tr>
<td>POST Short Course –</td>
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<tr>
<td>Military Combat Course –</td>
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<td>Other -</td>
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Applicant's Full Name (print): ________________________________

Address: __________________________________________________

Street City State Zip

Drivers License #: ______________________ State: _____________

**NRA Short Course** (30 rounds @ 25 yds)
Target - NRA B8

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<tr>
<th>X Ring</th>
<th>10 Ring</th>
<th>9 Ring</th>
<th>8 Ring</th>
<th>7 Ring</th>
<th>6 Ring</th>
<th>5 Ring</th>
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<tbody>
<tr>
<td>_____ x 10 = ___</td>
<td>_____ x 10 = ___</td>
<td>_____ x 9 = ___</td>
<td>_____ x 8 = ___</td>
<td>_____ x 7 = ___</td>
<td>_____ x 6 = ___</td>
<td>_____ x 5 = ___</td>
</tr>
</tbody>
</table>

Score: __________

**POST Short Course** (60 rounds @ 25/15/7/3 yds)
Target - TQ21

- Inside _____ x 5 = ________
- Outside _____ x 4 = ________
- Misses _____ x 0 = ________

Score: ________

Score: ________

Percentage (Score divided by 3) ________%

**Combat Pistol Course** (40 rounds @ 25 yds)
Target - E-type Silhouette

- Standing - _____ / 7
- Kneeling - _____ / 13
- Crouching - _____ / 10
- Prone - _____ / 10

Score: ________

Percentage (Score divided by 40) ________%

Notes:___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Applicant's Signature __________________________ Examiner's Signature __________________________ Date __________

Examiner’s Printed Name __________________________ Phone # __________________________

Received by Records __________________________ Chief of Police – Approve ____ Disapprove ____

Received by Clerk __________________________