



**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: _____

POCATELLO POLICE DEPARTMENT

Community Commitment

Scott L. Marchand, Chief of Police

911 North 7th Avenue • P.O. Box 2877 • Pocatello, ID 83206-2877 • (208) 234-6113 • Fax (208) 234-6290
www.pocatello.us/police

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: _____

