West Virginia Secretary of State 1900 Kanawha Blvd., East Bldg. 1, Suite 157-K Charleston, WV 25305

FILE ONE ORIGINAL (Two if you want a filed stamped copy returned to you.)



Telephone: (304)558-6000 Toll Free: (877) FRAUD-WV Fax: (304)558-0900 Website: www.wvsos.gov

Email: investigationsupport@wvsos.gov

Office Hours: Monday - Friday 8:30 a.m. - 5:00 p.m. EST

LICENSE AS A PRIVATE INVESTIGATOR AND/OR SECURITY GUARD Chapter 30, Article 18 of the WV Code

Please include the following with your <u>renewal</u> application for private investigator or security guard license:

- **l.** A completed renewal application. **PLEASE** do not staple.
- 2. An original bond continuation certificate or valid surety bond with raised embossed seals.
- 3. A copy of your current business registration certificate issued by the West Virginia State Tax Department. (If you are not currently conducting business in West Virginia, you must submit a notarized statement attesting to that.)
- **Non-Resident Application:** Out-of-State applicants who are obtaining a firm license must submit a <u>certificate of existence</u> or <u>certificate of good standing</u> from the Secretary of State's Office in their home state in which they are formed.
- 5. Include two (2) passport size photos taken within the last year.
- **6.** A check (payable to West Virginia Secretary of State) or money order for your renewal fee:

Criminal History Background Check Fee (non-refundable): \$50.00

License Fee:

- West Virginia Resident Application

0	Individual:	\$100.00
0	Firm:	\$200.00
0	Combined PI/SG Individual:	\$200.00
0	Combined PI/SG Firm:	\$400.00

- Non-Resident Application

Individual:	\$500.00
Firm:	\$500.00
Combined PI/SG Individual:	\$1000.00
Combined PI/SG Firm:	\$1000.00
	Firm: Combined PI/SG Individual:

7. Each **FIRM must submit a list of employees** who are working in West Virginia. This list must include the employee's name, address, birth date and social security number. Your application will not be processed until we receive this information.

Form PISG-REN Rev. 9/18

RENEWAL APPLICATION

PLEASE IDENTIFY YOUR APPLICATION BY CHECKING THE CATEGORY OR CATEGORIES WHICH APPLY: West Virginia Resident Application **Non-Resident Application** Individual Private Investigator (\$550) Individual Private Investigator(\$150) Individual Security Guard (\$550) Individual Security Guard (\$150) Combined PI/Security Guard Individual (\$1,050) Combined PI/Security Guard Individual (\$250) Private Investigative Firm (\$550) Private Investigative Firm (\$250) Security Guard Firm (\$550) Security Guard Firm (\$250) Combined PI/Security Guard Firm (\$1,050) Combined PI/Security Guard Firm (\$450) **Fee includes \$50 Non-refundable application processing fee (Please print or type) 1. Name _____ Last Middle First 2. Address _____ Street State & Zip City County Social Security No. ____ Telephone _____ 3. Email Address _____ 4. 5. If you are a firm, please complete the following information: Firm name Firm address Firm telephone ____ Name and address of President **Signature** Name and address of Secretary Signature Name and address of Treasurer **Signature** Other Officers and Directors **Signatures**

6.	Name and address of any sub agency	, office or branch office for which renewal is requested:
7.	If a firm, the name of the individual v requirements of WV Code, 30-18-2(1)	whose qualifications are presented to meet the experience/education 1):[Qualifying Agent]
		ent qualifying agent a complete application must be submitted for the new enewed until the new qualifying agent is approved.
8.	**	ner or employee been charged, indicted, arrested or convicted of any criminal the laws of this State or of any State or territory during the last year
	If yes, where and what offense	
9.		ner or employee been a patient in a public or private mental hospital within
of an	•	ratements given herein are true and complete without reservations ets contained in this application are open to thorough
	Date	Signature of Individual or Officer
		Title of Officer

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FIRM NAME			
	ou must complete the enclosed form li the processed until all information is c		es working in West
	MPLOYEES WORKING IN T		
NAME	ADDRESS	BIRTHDATE	SOC. SEC. #
I hereby certify that a background chare maintained in our offices.	neck has been completed on each of the	e above referenced employ	ees and that these files
Signature	Title	Date	
I hereby certify that full fingerprint of and are kept on file in our offices.	cards and full-face photographs have b	een received for the above	referenced employees
Signature	Title	Date	
I currently have no employees working	ng in the State of West Virginia.		
Signature	Title	Date	

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Form PISG-REN Rev. 9/18

CHANGES MUST BE SUBMITTED TO THE SECRETARY OF STATE'S OFFICE WITHIN 60 DAYS.

CERTIFICATION OF CHILD SUPPORT OBLIGATIONS FORM

1.	Name	E Last First		Middle		
2.	Address					
		Street	City	County	State	Zip
3.	Phone		S	ocial Security No		
4.	Email Addr	ress				
5.	If a firm ple	ease complete the fo	ollowing information:			
Firm	Name					
Firm	Address					
Firm	Telephone _					
		v	5(c) each applicant for lic hat these answers are true		following question	ons and certify,
Pleas	se answer ye	es or no to the follo	owing questions:			
2. 3.	If the answ If the answ payable for	er to question 2, a six (6) months?	bove "is yes", are you in a bove "is yes", does your a	rrearage equal or exce		child support
conc	erning any	are true and corr question on this a	do hereby certify, ect to the best of my know application, I may be subjicon of your private investi	wledge. I understand ect to disciplinary acti	that if I make a fation including, but	alse statement
	Date		-	Signature of A	 Applicant	

Form PISG-REN Rev. 9/18