

APPLICATION FOR PROFESSIONAL INVESTIGATOR, BRANCH LICENSE & RELICENSURE

AUTHORITY: 1965 PA 285, MCL 338.3434(A), AND 42 USC 654

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name (First, Middle, Last)			
Date of Birth		U.S. Social Security Number	Permanent ID # (if applicable)
Company Name (if applicable)			
Address		City	State
			Zip Code
Telephone Number		E-mail Address	
Have you ever been convicted of a felony not previously reported to the Department for this license type or occupation?			
Yes		No	
Have you been convicted of a misdemeanor involving any of the following? (dishonesty or fraud; unauthorized divulging or selling of information or evidence; impersonation of a law enforcement officer or employee of the United States or a state, or a political subdivision of the United States or state; illegally using, carrying, or possessing a dangerous weapon; 2 or more alcohol related offenses; controlled substances under the public health code, 1978 PA 368, MCL 333.1101 to 333.25211; or an assault)			
Yes		No	
Are you a citizen of the United States?			
Yes		No	
Do you have a high school education or its equivalent?			
Yes		No	
Have you been dishonorably discharged from a branch of the United States military service?			
Yes		No	
FEE PAYMENT INFORMATION (Check One Box)		FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
New License \$750.00		3701-01	License #:
Relicensure \$750.00		3701-06	Approved By: Date Approved:
Branch \$125.00		3702-01	
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN			
FEES ARE AUTHORIZED BY 1965 PA 285			

For a period of not less than 3 years have you been or are you any of the following on a full-time basis: (check all that apply)

Lawfully engaged in the professional investigation business as a licensee, registrant, or investigative employee in another state.

Lawfully engaged in the investigation business as an investigative employee of the holder of a license to conduct a professional investigation agency.

An investigator, detective, special agent, intelligence specialist, parole agent, probation officer, or certified police officer employed by any government executive, military, judicial, or legislative agency, or other public authority engaged in investigative or intelligence activities. This does not include individuals employed by educational or charitable institutions who are solely engaged in academic, consulting, educational, instructional, or research activities.

A graduate of an accredited institution of higher education with a baccalaureate or postgraduate degree in the field of police administration, security management, investigation, law, criminal justice, or computer forensics or other computer forensic industry certificated study that is acceptable to the department.

Lawfully engaged in the investigation business as a full-time proprietary or in-house investigator employed by a business or attorney, or as an investigative reporter employed by a recognized media outlet, acceptable to the department. This does not include individuals employed by educational or charitable institutions who are solely engaged in academic, consulting, educational, instructional, or research activities.

Are you a law enforcement officer, as that term is defined in section 2 of the commission of law enforcement standards act, 1965 PA 203, MCL 28.602? If yes, provide authorization as described in MCL 338.826(3).

Additional Required Documents

- A copy of the bond or insurance policy required by MCL 338.829(1).
- Provide notarized reference statements from at least 5 reputable citizens who swear that they have known you and your qualifications for a period of at least 5 years and believe that you are honest, of good character, and competent. The individuals providing the reference shall not be related or connected to you by blood or marriage.
- Certified copy of a Certificate of Incorporation (if applicable)
- List the name(s) of each partner if the agency is a partnership or, if the license holder is a corporation or limited liability company, of each resident officer, manager, or member (if applicable)

Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a).

Applicant



Signature

Corporation



President

Treasurer

Secretary