

West Virginia Secretary of State
State Capitol Building
Charleston, WV 25305



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

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

INITIAL APPLICATION

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

No person shall engage in the private investigation business or security guard business without having first obtained from the Secretary of State a license to conduct such business.

FEES

Criminal History Background Check Fee (non-refundable):	\$50.00
License Fee:	
- West Virginia Resident Application	
o Individual:	\$100.00
o Firm:	\$200.00
o Combined PI/SG Individual:	\$200.00
o Combined PI/SG Individual:	\$400.00
- Non-Resident Application	
o Individual:	\$500.00
o Firm:	\$500.00
o Combined PI/SG Individual:	\$1000.00
o Combined PI/SG Firm:	\$1000.00

QUALIFICATION REQUIREMENTS

Private Investigator

Before applying for a private investigator license you must have a minimum of **two (2) years** of experience, education, or training in any one of the following areas, or some combination thereof:

1. Coursework that is relevant to the private investigation business at an accredited college or university;
2. Employment as a member of:
 - United States government investigative agency
 - State or local law-enforcement agency, or service as a sheriff;
3. Employment by:
 - Licensed private investigator or detective agency for the purpose of conducting the private investigation business;
4. Service as a magistrate in West Virginia; or
5. Any substantially equivalent training or experience.

Security Guard

Before applying for a security guard license you must have had at least one (1) year verified, full time employment conducting the security guard business or conducting the private investigation business working for a licensed firm or have one year of substantially equivalent training or experience.

APPLYING FOR A LICENSE

If you meet one or more of the above requirements and you wish to be licensed as a private investigator and/or security guard, you need to send:

1. A fully completed application. **PLEASE** do not staple.
2. The corresponding fee in the form of check or money order.
3. Two (2) passport size photos taken within one year of the date of the application.
4. Fingerprints for background checks. See instructions below.
5. Character references from five (5) reputable citizens who have known you for at least five (5) years preceding the application. References must be written for the purpose of the application (forms enclosed).
6. A completed surety bond, by an approved insurance company, in the amount of \$2,500 (form enclosed **must** be used).
7. If your qualifications are based on:
 - a. Employment - have your employer send a sworn *notarized* statement attesting to your competency, to the time you were employed and the skills you acquired.
 - b. Coursework - provide your transcripts or degree (courses from a non-credited school will be considered, but will not receive full credit).
8. Firm Requirements:
 - a. Each officer, member or partner of a corporation, LLC, or partnership is required to submit a recent full-face photograph and one complete set of fingerprints.
 - b. Non-Residents: Out-of-State applicants must submit a certificate of existence or certificate of good standing from the Secretary of State's Office in their home state in which they are formed.
9. Prior to issuing a license, the bond must be approved by the Attorney General and a Criminal Background Check.
10. Contact West Virginia Tax Department at **(304-558-8683)** to obtain a business license.

FINGERPRINTS

Private Investigator/Security Guard applicants are required to be fingerprinted for both state and federal background checks.

AFTER a completed application is received, the applicant will receive an instructional letter on fingerprint procedures.

All applicants will be required to submit their fingerprints for initial registration through MorphoTrust at an Identogo Center.

No Payment is required. The charge is included in your application fee. An account number will be listed on your letter and will need to be given to MorphoTrust/Identogo at the time of fingerprinting.

West Virginia Applicants:

- A fingerprint card **WILL NOT** be provided. MorphoTrust will process fingerprints by digital scan.
- Applicants can register and find a location for fingerprinting by visiting www.identogo.com and clicking on West Virginia, or by calling 1-855-766-7746.

Out-of-State Applicants:

- Fingerprint card **WILL** be sent with instructions on obtaining fingerprints for the federal and state background checks.
- Fingerprint card will need to be mailed to MorphoTrust.

After the fingerprinting process has been completed, the Identogo Center will provide the applicant with a receipt. That receipt has a 12-digit number that is specific to the applicant.

You will need to contact our Investigations Unit and give the 12-digit number, either by phone at 304-558-6000, email to investigationssupport@wvsos.com, or mail 1900 Kanawha Blvd. E, Bldg. 1 Suite 157 K, Charleston, WV 25305.

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INITIAL APPLICATION

PLEASE IDENTIFY YOUR INITIAL APPLICATION BY CHECKING THE CATEGORY OR CATEGORIES WHICH APPLY:

West Virginia Resident Application:

- Individual Private Investigator(\$150)
Individual Security Guard (\$150)
Combined PI/Security Guard Individual (\$250)
Private Investigative Firm (\$250)
Security Guard Firm (\$250)
Combined PI/Security Guard Firm (\$450)

Non-Resident Application:

- Individual Private Investigator (\$550)
Individual Security Guard (\$550)
Combined PI/Security Guard Individual (\$1,050)
Private Investigative Firm (\$550)
Security Guard Firm (\$550)
Combined PI/Security Guard Firm (\$1,050)

**Fee includes \$50 Non-refundable application processing fee

Check here if you are a licensed firm that is changing the Qualifying Agent.

PLEASE READ CAREFULLY. False, incomplete or inaccurate answers will lead to automatic refusal of this application. When the application is completed, please refer to the instructions to verify that all of the required information is enclosed with your application.

SECTION I: APPLICANT INFORMATION

1. Last Name First Middle Maiden Name Nickname
2. Physical Address City State Zip
3. Mailing Address City State Zip
4. County 5. Phone Number 6. Social Security Number
7. Birth date 8. Place of Birth 9. Male/Female 10. Single/Married/Widowed/Divorced
11. Name of Spouse 12. Occupation/Employment of Spouse
13. US Citizen 14. WV Resident # of years 15. Height 16. Weight
17. Eye Color 18. State of driver's license 19. License Number
20. List identifying scars, marks or tattoos
21. Military Service Yes No 22. Branch 23. Rank 24. Dates

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25. Type of Discharge _____ If dishonorable, please explain _____
26. Are you or have you ever been addicted to the immoderate use of alcohol and/or drugs or treated for an alcohol or drug related illness? _____
27. Have you ever been a patient in a public or private mental hospital? _____ If so, please list _____
28. Have you ever been discharged, suspended or forced to resign from any position? _____ If yes, give name and address of the employer, date of the discharge or forced resignation and the reason _____
29. Have you ever been denied a private investigator's license or any other professional certification? _____ If yes, give complete details _____
30. Have you ever had a private investigator's license suspended or revoked or any other professional certification? _____ If yes, give complete details _____
31. Have you ever been affiliated with an agency that operated without a valid license or whose license has been suspended or revoked? _____ If yes, give the name and address of the agency, the dates of operation, suspension or revocation, and your relationship to the agency _____
32. Have you ever applied for and/or received a license elsewhere? _____
33. If eligibility for private investigator's license is based upon prior investigative experience list the details of such employment experience _____
34. Have you ever been charged, indicted, arrested or convicted of any criminal offenses of any nature: (Failure to answer this question fully and correctly will result in denial of your application) _____
35. Have you ever been known by another name? _____ If yes, list all such names and spelling variation _____

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36. Please list all addresses used in the last ten (10) years

SECTION II: BUSINESS INFORMATION

37. _____ (_____) _____
Business Name Business Phone

38. _____
Business Address City County State Zip

39. EDUCATION: **If your qualifications are based on studies in investigative work at an accredited college or university you MUST enclose a copy of your transcript with the application.**

High School _____ Grade Completed _____ Years Attended _____

GED _____ If yes, year completed _____

College _____ Years attended _____ Total Semester Hours _____

Total Semester Hours in Investigative Studies _____ Major _____ Minor _____

Degree Received _____

40. Additional Training

SECTION III: EMPLOYMENT HISTORY

41. List all jobs you have held. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service and temporary part-time jobs.

A. Name of employer _____ Type of business _____

Address of employer _____

Name and title of supervisor _____

Position(s) held _____ Phone Number _____

Began _____ Left _____ Full-time/Part-time _____ Hours worked per week _____

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B. Name of employer _____ Type of business _____

Address of employer _____

Name and title of supervisor _____

Position(s) held _____ Phone Number _____

Began _____ Left _____ Full-time/Part-time _____ Hours worked per week _____

C. Name of employer _____ Type of business _____

Address of employer _____

Name and title of supervisor _____

Position(s) held _____ Phone Number _____

Began _____ Left _____ Full-time/Part-time _____ Hours worked per week _____

D. Name of employer _____ Type of business _____

Address of employer _____

Name and title of supervisor _____

Position(s) held _____ Phone Number _____

Began _____ Left _____ Full-time/Part-time _____ Hours worked per week _____

E. Name of employer _____ Type of business _____

Address of employer _____

Name and title of supervisor _____

Position(s) held _____ Phone Number _____

Began _____ Left _____ Full-time/Part-time _____ Hours worked per week _____

F. Name of employer _____ Type of business _____

Address of employer _____

Name and title of supervisor _____

Position(s) held _____ Phone Number _____

Began _____ Left _____ Full-time/Part-time _____ Hours worked per week _____

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FIRM APPLICATION

- 1. Firm _____
- 2. Firm address _____
- 3. Firm mailing address _____
- 4. Firm phone number _____
- 5. Name of individual whose qualifications are presented to meet the experience/educational requirements of West Virginia Code, §30-18-2 _____
- 6. Date of Charter or Certificate of Authority to do business in West Virginia _____
- 7. If foreign corporation, give address of place of original charter and home office _____

Each officer is required to fill out in full the accompanying application forms and submit them with the firm application. This application is invalid unless accompanied by the individual applications duly acknowledged as prescribed by law.

- 8. Name of President _____ Signature _____
Address _____
- 9. Name of Vice-President _____ Signature _____
Address _____
- 10. Name of Secretary _____ Signature _____
Address _____
- 11. Name of Treasurer _____ Signature _____
Address _____
- 12. Name of addresses of other officers:

Signature _____

Signature _____

13. Number of operatives employed. A list of the names, addresses, birth dates and social security numbers of all employees of the firm must be attached to the application. _____

I hereby certify that all answers and statements given herein are true and correct without reservation of any kind. I further certify that I understand I am fully responsible for supervising any employee or other individual who conducts the private investigation business under the authority of the above application for a firm license (W V Code, '30-18-4). It is understood that all facts contained in this application are open to thorough investigation.

Date

Signature of Qualifying Applicant

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FIRM NAME _____

LIST OF CURRENT EMPLOYEES WORKING IN THE STATE OF WEST VIRGINIA

NAME	ADDRESS	BIRTHDATE	SOC. SEC. #

I currently have no employees working in the State of West Virginia.

Signature _____ Title _____ Date _____

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

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OATH OR AFFIRMATION

State of _____, County of _____.

I, _____, understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and criminal history. I hereby authorize anyone possessing this information to furnish it to the Secretary of State and any authorized representative of the Secretary of State. I release the Secretary of State and any authorized representative from all liability and damages whatsoever in furnishing, obtaining or using said information. Further, I hereby certify that all answers and statements given herein are true and correct without reservation of any kind.

Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 20 ____.

My Commission expires on _____.

Signature of Notary Public

(Notary Seal)

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CERTIFICATION OF CHILD SUPPORT OBLIGATIONS FORM

1. Name _____
Last First Middle

2. Address _____
Street City County State Zip

3. Phone _____ Social Security No. _____

4. If a firm please complete the following information:

Firm Name _____

Firm Address _____

Firm Telephone _____

Pursuant to WV Code §48A-5A-5(c) each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

Please answer yes or no to the following questions:

- 1. Do you have a child support obligation?** _____
- 2. If the answer to question 1, above “is yes”, are you in arrearage?** _____
- 3. If the answer to question 2, above “is yes”, does your arrearage equal or exceed the amount of child support payable for six (6) months?** _____
- 4. Are you the subject of a child support related subpoena or warrant?** _____

I, _____ do hereby certify, under penalties of perjury and false swearing, that the above questions are true and correct to the best of my knowledge. I understand that if I make a false statement concerning any question on this application, I may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of your private investigator and/or security guard license.

Date

Signature of Applicant

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CHARACTER REFERENCE LETTER FOR THE FOLLOWING APPLICANT:

CHARACTER REFERENCE INFORMATION

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

1. How long have you known the applicant?

2. Are you aware of any drug or alcohol abuse?

3. Are aware of any domestic violence situations?

4. Describe his personality or character.

5. Give a good character example of the individual.

6. Give a character flaw of the individual.

7. Would you recommend (Name) being issued a private investigator license?

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CHARACTER REFERENCE INFORMATION

Provide a brief statement in your own words:

[Empty box for providing a brief statement in your own words.]

I, hereby certify that all the answers and comments given herein are true and complete without reservations of any kind, I, also hereby certify that I have known the applicant filing for a private investigator and/or security guard for at least five years and that I am not related to the applicant by blood or marriage.

Signature

Date

**STATE OF WEST VIRGINIA
SECRETARY OF STATE**

Private Detective or Investigator Surety Bond

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, 1) _____ as Principal, and
2) _____, a corporation with authority to
do business in the State of West Virginia, as Surety, are firmly bound unto the State of West Virginia, in the just and full
sum of **Two Thousand Five Hundred Dollars** (\$2,500), for which payment we bind ourselves and our legal representatives
and successors, jointly and severally.

WHEREAS, the principal has filed an application with the Secretary of State for a license to engage in the business
of Private Detective or Investigator or the business of Watch, Guard or Patrol Agency.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is that if the if the Principal shall faithfully and
honestly conduct the business for which the application is filed and license certificate issued, then this obligation shall be
void; otherwise, it shall remain in full force and effect.

This Bond is executed pursuant to the provisions of Chapter 30, Article 18, of the Official Code of West Virginia, and
rules of the Secretary of State promulgated thereunder, which are hereby made an express part of this bond.

The premium for which this bond is written is 3) _____ dollars (\$ _____).

This Bond is to cover all claims on account of the issuance of the license to the principal for the full term thereof.
This bond is effective from 4) _____ day of _____, 20____, to the 5) _____ day of
_____, 20____,

IN WITNESS WHEREOF the Principal and Surety have executed this instrument the 6) _____ day of
_____, 20____.

7) _____
Principal

8) _____
Surety Corporation

Complete Address of Principal

Address of Surety Corporation

Telephone Number of Principal

Phone Number of Surety Corporation

9) _____
Signature of Principal

10) _____
Signature of Surety

11) Principal's Seal



12) Raised Surety Seal



Acknowledgment by Principal if Individual

- 13) State of _____),
 - 14) County of _____), to-wit:
 - 15) I, _____, a Notary Public in and for the county
 - 16) and state aforesaid, do certify that _____,
whose name is signed to the writing above or hereto annexed, has this day acknowledged the same before me in my
said county.
 - 17) Given under my hand this _____ day of _____, 20 _____.
 - 18) _____ Notary Public
 - 19) Notary Seal
 - 20) My Commission Expires _____.
-

Acknowledgment by Principal if LLC or Corporation

- 21) State of _____)
- 22) County of _____), to-wit:
- 23) I, _____, a Notary Public in and for the county
- 24) and state aforesaid, do hereby certify that _____,
- 25) who, as _____, signed the writing above or hereto annexed,
- 26) for _____, a corporation, has this day, in my
said county before me acknowledged the said writing to be the act and deed of said corporation.
- 27) Given under my hand this _____ day of _____, 20 _____.
- 28) _____ Notary Public
- 29) Notary Seal
- 30) My Commission Expires _____.

Acknowledgment for Surety

31) State of _____)

32) County of _____), to-wit:

33) I, _____, a Notary Public in and for the county

34) and state aforesaid, do hereby certify that _____, who, as

35) _____, signed the writing above or hereto annexed, for

36) _____, a corporation, has this day, in my said county before me, acknowledged the said writing to be the act and deed of said corporation.

37) Given under my hand this _____ day of _____, 20 _____.

38) _____ Notary Public

39) Notary Seal

40) My Commission Expires _____.

Approved as to sufficiency of form and manner of execution this

_____ day of _____, 20 _____.

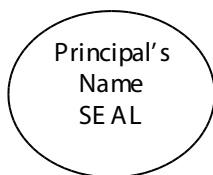
Attorney General of the State of West Virginia

By: _____
Chief Counsel

Bond Instructions

Line:

1. Enter the name of the Principal to be covered by the bond.
2. Enter the name of the Surety company issuing the bond.
3. Enter the amount of the premium paid to surety.
4. Enter the effective date of the bond.
5. Enter the expiration date of the bond.
6. Enter the bearing date of the bond, also known as the execution date of the bond.
7. Enter the complete name, address and telephone number of the Principal to be covered by the bond.
8. Enter the complete name, address and telephone number of the Surety company issuing the bond.
9. The Principal must sign. Note the signature must be an original.
10. The Surety must sign. Note the signature must be the original signature of the officer or person having Power of Attorney to bind the Surety.
11. Affix the Principal's corporate seal. If the principal has not adopted a seal, one may be drawn by printing the name of the company and the word "SEAL" and circling them.



12. Affix the raised or embossed corporate seal of the Surety.

Section to be completed by the Notary Public acknowledging the signature of the Principal

Acknowledgment by Principal if Individual

13. Enter the name of the state.
14. Enter the name of the county.
15. Enter the name of the Notary Public witnessing the transaction.
16. Enter the name of the person signing on behalf of the Principal.
17. Notary must enter the date the bond was witnessed.
18. Notary must sign here.
19. Attach notary seal.
20. Notary enters his/her commission expiration date.

Acknowledgment by Principal if LLC or Corporation

21. Enter the name of the state.
22. Enter the name of the county.
23. Enter the name of the Notary Public witnessing the transaction.
24. Enter the name of the person signing on behalf of the Principal. Note person signing on behalf of the Principal must be either the President or Vice President of corporation, Owner or General Partner of company or partnership, or Manager or Managing Member of Limited Liability company. If not, please provide signature authority for the person signing the bond.
25. Title of person signing on behalf of the Principal.
26. Principal covered by the bond.
27. Notary must enter the date the bond was witnessed.
28. Notary must sign here.
29. Attach notary seal.
30. Notary enters his/her commission expiration date.

Section to be completed by the Notary Public acknowledging the signature of the Surety

31. Enter the name of the state.
32. Enter the name of the county.

33. Enter the name of the Notary Public witnessing the transaction.
34. Enter the name of the person binding the Surety.
35. Enter title of the person binding the Surety.
36. Enter name of the Surety.
37. Notary must enter the date the bond was witnessed.
38. Notary must sign here.
39. Attach notary seal.
40. Notary enters his/her commission expiration date.

POWER OF ATTORNEY INSTRUCTIONS

A Power of Attorney for the Surety must be attached. It must be in full force and effect on the execution date indicated on the front page of the bond (Line 6). The raised or embossed corporate seal must also be affixed to the Power of Attorney.

Power of Attorney must contain....

Name of Attorney-in-fact.

The Power of Attorney may not exceed imposed limitations.

The Certificate date should be the bond execution date.

The signature of the authorized official. The signature may be a facsimile.

A raised or embossed seal.