

New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Private Investigations Advisory Board

Toney Anaya Building • 2550 Cerrillos Road • Santa Fe, New Mexico 87505 (505) 476-4650 • Fax (505) 476-4545 • www.rld.state.nm.us/PrivateInvestigations

INSTRUCTIONS FOR PRIVATE INVESTIGATOR LICENSE (PI)

Application for PI License must include the following information:

- 1. Complete the PI Application and sign before a Notary Public.
- 2. Any "Yes" answers for questions A through J on page 2 of the application require further information.
- 3. A "Yes" answer on question B requires a date of conviction; the city/county/judicial district/state of the action; a copy of all pertinent court documents and records; name of the judge; terms of probation; name of probation officer.
- 4. If you have used a different name, you must explain why and when.
- 5. Proof of experience of experience that has been acquired within the five (5) years preceding the filing of the application with the department which must consist of not less than 6,000 hours of actual work performed in:
 - a. investigation for the purpose of obtaining information with reference to a crime or wrongs done or threatened against the United States;
 - b. investigation of persons;
 - c. the location, disposition or recovery of lost or stolen property;
 - d. the cause or responsibility for fire, losses, motor vehicle or other accidents or damage or injury to persons or property; or
 - e. securing evidence to be used before a court, administrative tribunal, board or investigating committee or for a law enforcement officer.

The following documents must be submitted with the application for licensure:

- 1. Application fee payable to the Private Investigations Advisory Board. All fees are non-refundable.
- 2. Two recent 2" x 2" "Passport Type" photos stapled to the front page of the application. Do not use tape or paste.
- 3. Certification of Experience forms, to verify qualifications; signed and notarized.
- 4. Proof of age (birth certificate, driver's license, State issued ID, or baptismal certificate). Must be at least 21 years of age.
- 5. RLD Release of Information form and DPS Authorization for Release of Information form.
- 6. Department issued jurisprudence exam.
- 7. Firearms Certification (optional).

FBI Identification and NM State Criminal Record. In addition to the documents listed above, you will have to complete two fingerprint cards. Fingerprints must be on Regulation and Licensing Department/Private Investigations Advisory Board coded fingerprint cards. To obtain those cards, please contact RLD at (505) 476-4650 and they will be mailed to you, or, you may come into our offices located at the Toney Anaya Building, 2550 Cerrillos Road, Second Floor, Santa Fe, New Mexico. Complete the card with signature, date of birth, place of birth, height, weight, social security number and license type.

Fingerprints must be taken under the supervision of and certified by a New Mexico state police officer, a county sheriff, a municipal chief of police or by comparable officers in the applicant's state of residence if the applicant is not a resident of New Mexico or a RLD approved private agency or individual.

Submit both cards to the NM Department of Public Safety with a money order or cashier's check for \$44.00 made payable to the "NM Department of Public Safety". This is the charge for the FBI and the state record. Cards submitted with the incorrect amount or with personal checks will be returned to the applicants.

Please mail the cards and the payment to:

Fingerprint Section NM Department of Public Safety P.O. Box 1628 Santa Fe, NM 87504-1628

THIS FORM MUST BE LEGIBLE AND SIGNED IN THE PRESENCE OF A NOTARY Department Use Only:

Check or MO #____ Receipt #__ Non-Refundable Fees: Application Fee \$200.00 Experience Certification____ Age verification___ Firearms Certification Jurisprudence Exam___ RLD Release of Information_____ PERSONAL INFORMATION DPS Release of Information Last Name: Middle: Middle: Mailing Address:____ (Street) (City) (State) Phone: () Date of Birth: / / SSN: - -Sex: ____ Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____ ATTACH TWO 2" x 2" RECENT PHOTOGRAPHS. If you wear glasses, tinted lenses, etc. please indicate below. Dark or fuzzy pictures, side views and photos with sunglasses are unacceptable. Staple photos to application DO NOT paste or tape

(Tinted eye glasses, glasses, etc.)

*All license information is subject to the Inspection of Public Records Act.

I certify that I wear_____

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ANSWER THE FOLLOWING QUESTIONS: Explain any yes answers on a separate page.

If you answer **yes** to <u>question B</u> you MUST submit a copy of all pertinent court documents and records, the date of conviction, the city/county/state of the action and terms of probation. The Department may request additional information.

A. Have you ever used a name other than the name shown above?	YES	NO	
If yes, list name(s) used and give all details on a separate page.			
B. Have you ever been convicted of a felony or misdemeanor?			
This includes deferred prosecution, judgment, pleas of guilty or nolo contendere in			
any state, territory, district of the United States or a foreign country.			
C. Have you ever been arrested for a felony or misdemeanor?	YES	NO	
D. Have you ever applied to or been licensed as a private investigator in any state,	YES	NO	
foreign country, territory, or institution?			
E. Have you ever had any disciplinary action taken against a private investigator	YES	NO	
license or any other professional/occupational license held by you or by any			
partnership or corporation of which you were a partner or officer, in any state,			
territory, district of the United States or a foreign country? Disciplinary action			
includes, but is not limited to, suspension, probation, practice limitations,			
reprimand, letter or admonition, censure, and any allegations currently pending.			
F. Are you currently more than thirty days in arrears in payment of amounts	YES	NO	
required to be paid pursuant to an outstanding judgment and order for child support			
in New Mexico or any other state?			
G. Do you use alcohol or chemical substances in any way that impairs or limits	YES	NO	
your ability to work with reasonable skill and safety?			
H. Are you currently engaged in the illegal use of dangerous or narcotic drugs?	YES	NO	
I. Have you ever been found to have violated the requirements of a state or federal	YES	NO	
labor, tax or employee benefit law or rule?			
J. Have you ever been licensed or registered by the New Mexico Private	YES	NO	
Investigations Advisory Board? If yes, list your number:			

EMPLOYMENT RECORD OF APPLICANT FOR PAST 5 YEARS:

Enter most recent first, account for periods of unemployment, use additional sheets if necessary.

Dates	Employer's Name & Address	Job Duties

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Jepose And State, that I am the person described and identified in this application and the information given by me is true and complete to the best of my knowledge and belief. I understand that any information contained in this application may be investigated and any false or dishonest answer to any question in this application may be grounds for denial or revocation of my license. I further understand I cannot work as a private investigator until I have received a license issued by the Regulation and Licensing Department.			
Applicant's Sign	nature		Date
STATE OF		COUNTY OF	
the above-named answers contained	d applicant who, bein ed in this application	g duly sworn upon oath, are true and correct.	, 20, personally appeared states that all statements and mmission Expires:
Notary Public			

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RELEASE OF INFORMATION

Print or Type Clearly

I,			
I,Last Name	First Name		Middle
Social Security #	, Date of Birth_	/	/
currently residing at			
Street	City	State	Zip Code
Having made application with the Regula licensure under the Private Investigations [Title 16, Chapter 48 NMAC] understand may be conducted in connection with thi	s Act [Chapter 61, Article 2'd that a comprehensive inve	7B NMS	A 1978] and ri
I do hereby give the officials of the Regular Investigations Advisory Board the authorauthorize the release of any and all such information, and/or any other information	rity to conduct any such invinformation that pertains to	estigation my work	n; and do hereb t history, any a
licensee as requested by this state agency		or mines	s to practice as
	у.		•
I have read, understand, and shall retain a Applicant's Signature:	a copy of this document for	my reco	rds.
I have read, understand, and shall retain a	a copy of this document for	my reco	rds.
I have read, understand, and shall retain a Applicant's Signature: (sign only) Notary: Ensure that this document is sig applicant's name, social security number	a copy of this document for before a Notary Public)	my recon	rds.
I have read, understand, and shall retain a Applicant's Signature: (sign only) Notary: Ensure that this document is sig	before a Notary Public) and date of birth are verification.	my recon	rds. ce, and that the alid form of
I have read, understand, and shall retain a Applicant's Signature: (sign only) Notary: Ensure that this document is sig applicant's name, social security number identification.	a copy of this document for before a Notary Public) and by the applicants in your, and date of birth are verifically day of	my recon	rds. ce, and that the alid form of
Applicant's Signature: (sign only Notary: Ensure that this document is sig applicant's name, social security number identification. Subscribed and sworn to before me this	before a Notary Public) and date of birth are verifi day of day of	my recon	rds. ce, and that the alid form of

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CERTIFICATE IN SUPPORT OF EXPERIENCE QUALIFICATION

Note: Six thousand (6,000) hours of qualifying experience must have been acquired within the five (5) years preceding the filing of the application with the Department. Actual work must have been performed in:

- a) investigation for the purpose of obtaining information with reference to a crime or wrongs done or threatened against the United States;
- b) investigation of persons;
- c) the location, disposition or recovery of lost or stolen property;
- d) the cause or responsibility for fire, losses, motor vehicle or other accidents or damage or injury to persons or property; or
- e) securing evidence to be used before a court, administrative tribunal, board or investigating committee or for a law enforcement officer.

Applicant name		
Name of Business		
Business Address		
Business Phone Number		
Business Owner		
Supervisor Name		
Dates Employed	From:	To:
Position(s) held		
Number of hours worked		
said person has made applications Advisory Boo of my own knowledge that indicated above.	cation to the Re pard for a Private the applicant w	

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PRIVATE INVESTIGATOR LICENSE APPLICATION This form must be signed in the presence of a notary. The undersigned hereby certifies, under penalty of perjury, that all statements contained herein are true and correct and that this entity is authorized to provide such verification. Employer's Signature ______ Date____ STATE OF _____ COUNTY OF ____ BEFORE ME on this ______ day of _______, 20_____, personally appeared the abovenamed applicant who, being duly sworn upon oath, states that all statements and answers contained in this application are true and correct. My Commission Expires:_____ Notary Public *All license information is subject to the Inspection of Public Records Act.

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