ALABAMA PRIVATE INVESTIGATION BOARD (APIB)
Post Office Box 241206
Montgomery, Alabama 36124-1206

Phone: 334-215-0693
FAX: 334-274-0684
Web Site: www.apib.alabama.gov
E-mail: apib@leadership-alliance.org

Application Instructions and Checklists

General Statement:

The APIB desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process **complete applications only.** Complete applications will be the Board's first priority. Incomplete applications must have deficiencies addressed. Read all instructions carefully. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your application. **Make all checks payable to APIB and send with application to: P.O. Box 241206; Montgomery, AL 36124-1206.**

You should carefully read the APIB Licensure Law and the Rules and Regulations (also available on this web site) to familiarize yourself with them prior to beginning to complete the application. Please copy all forms submitted to the APIB for your records, as you may need some pages for future reference.

The APIB has been given the responsibility of protecting the public safety and welfare by regulating private investigation in the State of Alabama, which is our first concern. In addition, we are striving to meet the needs of the professional private investigators, who provide investigation services to the public. Therefore, we have attempted to make the rules and regulations and the application process as "user friendly" as possible. However, as you progress through the application process and, in time, the renewal process, you may have specific recommendations for improvement. We welcome suggestions and request that you mail them to our office in Montgomery.

Checklists: Checklists have been created to assist you in completing your application. Locate the checklist for the method by which you are applying for a license or certification. The checklists will direct you to the appropriate forms to complete. The following is a list of APIB checklists from which you should choose:

License by Credential (Examination)
Certified Trainer
Certified Assistant Trainer

Application: Applications must be typewritten or printed in ink and must be legible. Complete the entire application. **Leave no space blank**. If a particular question or request for information does not apply to you, put a short line in the blank space or cross out the entire section to indicate the question or section has received your attention. Failure to supply necessary information may result in denial of application. All items that appear in red are required enclosures to be submitted with your completed application.

Your full name, social security number, and date of birth are essential for identification purposes. This information will be for confidential Board use only. Please supply this key information. The preferred contact information, name, and license number may be used for publication of a roster of licensees on the Board's web site.

Application Process: Once your **complete application** with payment has been received, your application will be reviewed by the Board. You will then be notified of your status by letter (generally, within ten (10) business days).

Application Checklist
for
Certified Trainer

Note: The below checklist is for applicants for Certified Trainer. Items to be enclosed with the completed application appear in red (just as they do in the application).

- Complete Section 1 – General Information
- Complete Section 2 – Employment/Education History
- Complete Section 3 – Business Data
- Complete Section 4 – Certified Trainer Responsibilities
- Complete Section 5 - Proof of Citizenship (POC)
- Enclose a Copy of Proof of Citizenship or Legal Presence (meeting acceptable proof as listed in Section 5)
- Complete Section 6 – Disclosure (Including any necessary attachments of criminal history as specified in Section 6)
- Complete Section 8 – Affidavit of Applicant
- Complete Section 9 – Notary
- Enclose a check or money order for $500 made payable to APIB. This is the Certified Trainer Fee for a two-year certification. This fee is refundable if not approved.

Mail completed information to:

APIB
P.O. Box 241206
Montgomery, AL 36124-1206

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Application for Certified Trainer

SECTION 1 – General Information

Last Name: _____ First Name: _____ Middle Name: _____
(Legal Name. If name on documentation is not the same as above, submit a copy of legal name change)

List all names by which you are currently known or have used in the past:

_____

Mailing Address: _____ City _____ State ____ Zip _____

Physical Address: _____ City _____ State ____ Zip _____

Prior Address: _____ City _____ State ____ Zip _____
(If at current address less than 3 years, list prior address)

Home Phone: (____) _____-_____ Work Phone: (____) _____-_____

Cell Phone: (____) _____-_____ E-mail: _____

Social Security Number: _____-_____-_____ D.O.B. ____/____/_____(mm/dd/yyyy)

O Male O Female Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Race: _____ Are you a military spouse? O Yes O No

SECTION 2 – Employment/Education History

Employment: List in chronological order all investigation related employment for the previous three (3) years, beginning with current employment. If additional space is needed, record on a separate sheet of paper and attach to this application.

Name and Address of Employer	Beginning/Ending dates of Employment (month/year)	Position Title	Phone (area code and number)

Education:

If additional space is needed, record on a separate sheet of paper and attach to this application.

High School	City, State	Dates Attended	Graduation date	Major
University/College	City, State	Dates Attended	Graduation date	Major
Other	City, State	Dates Attended	Graduation date	Major
Other	City, State	Dates Attended	Graduation date	Major
Other	City, State	Dates Attended	Graduation date	Major
Other	City, State	Dates Attended	Graduation date	Major

Licenses: List all Private Investigator and any other security-related license you hold or have held. If additional space is needed, record on a separate sheet of paper and attach to this application.

State	Type License	Date License was Issued	License Status
			O Active O Inactive
			O Active O Inactive
			O Active O Inactive
			O Active O Inactive

Please list any Professional Publications, Awards, Certified Trainer Approvals, or Credentials (other than State Licensures) below:

SECTION 3 – Business Data:

Name of Private Investigation Training Company or Employer to Provide Training:

_____

Mailing Address: _____ City _____ State ____ Zip _____

Physical Address: _____ City _____ State ____ Zip _____

Prior Address: _____ City _____ State ____ Zip _____
(If at current address less than 3 years, list prior address)

Work Phone: (_____) _____-_____ Cell Phone: (_____) _____-_____

Web Site: _____ E-mail: _____

Please check the following items (if any) that you would like to have listed on the APIB Web Site:

O Mailing Address O Physical Address O E-mail Address
O Work Phone O Cell Phone O Web Site Address

List any Organizations that have approved this Company/Employer for Private Investigator Training:

_____

_____

_____

SECTION 4 – Certified Trainer Responsibilities:

1. If any Board Approved Assistant Trainers are utilized in my Training Programs, I will ensure that the Assistant Trainer(s) will be under my supervision and control. I understand that the Certified Trainer will be held accountable for the performance of each Assistant Trainer.
   O Yes O No
2. I will notify the Board in writing within ten (10) days of any material change in information furnished in connection with an application for trainer certification. O Yes O No
3. I will certify to the Board completion of each training program I provide which will include a list of names and addresses of those individuals completing the program. O Yes O No
4. I will provide each student a syllabus/outline prior to their enrollment in a training program in accordance with the APIB Administrative Code Chapter 741-X-7-.04 (1) (a) thru (f).
   O Yes O No
5. I will maintain a record of each student enrolled in the training program for a period of three (3) years after their completion thereof and will make these records available to the Board upon reasonable request. O Yes O No
6. I will provide classroom space to adequately accommodate students including, but not limited to, individual desks, tables, etc. O Yes O No
7. I will not represent that I, or any aspect of my business or activity, have been recommended or endorsed by the Board. O Yes O No
8. I will ensure that students of my training program will not participate in actual private investigation field work, but only in mock fieldwork exercises supervised by me.
   O Yes O No
9. I understand that by applying for certification as a trainer, that I agree to periodic monitoring of my training program by the Board for the purpose of evaluating the program content, instructor performance, or any other relevant aspect of the administration and conduct of such training.
   O Yes O No

SECTION 5– Proof of Citizenship (POC)

This section is to be completed by applicants for licensure in order to comply with Ala. Code § 31-13-7 (1975 as amended). Please mail a **copy** of the required documentation proving citizenship or legal presence to the Board office with this completed application. **Do not send originals or faxes of citizenship/legal presence documents.**

City and State of birth (or Country if not U.S.):

_____, _____ _____

City ST Country (if not U.S.)

Track I: Please complete this section if you are a United States Citizen. Check all that apply below:

- o I am a United States Citizen. I am submitting the attached COPY of my document to prove citizenship:
  Please check and submit one of the following:
- o Alabama Driver's License or Identification issued by the Department of Public Safety
- o Driver's License from other state that required proof of lawful presence
- o Birth Certificate indicating U.S. Birth
- o Valid U.S. Passport
- o Military Identification showing U.S. as place of Birth
- o Naturalization documents
- o Certificate of Citizenship
- o Consular report of birth abroad of U.S. Citizen
- o Bureau of Indian Affairs Identification
- o American Indian Card issued by Homeland Security
- o Final adoption decree showing person's name and place of U.S. Birth
- o A valid Uniformed Services Privileges and Identification Card
- o Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- o Certification of Birth Issued by U.S. Department of State

I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

_____ _____

Signature Date

Track II: Please complete this section if you are not a United States Citizen. Check all that apply below:

- o I am not a United States Citizen. I am submitting the attached COPY of my document to prove legal presence in the United States:
  Please check and submit one of the following:
- o I-327 Re-entry Permit
- o I-551 Permanent Resident Card
- o I-571 Refugee Travel Document
- o I-766 Employment Authorization Card
- o I-94 Arrival/Departure Record
- o Unexpired Foreign Passport
- o Temporary I-551 Stamp (on passport or I-94)
- o I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- o DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- o Machine-readable immigrant Visa (with temporary I-551 language)
- o Other: Explain: _____

I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

_____ _____

Signature Date

SECTION 6 – Disclosure

If you answer, "yes" to any of the following questions you are required to furnish explanation, date, place, reason, and disposition of the matter on a separate sheet of paper attached to this application. A "yes" answer does not necessarily mean the applicant will not be granted a license. Failure to furnish complete documentation may result in denial or delay in the processing of your application. If you check "no" to any of the following questions regarding arrests or charges and there is an arrest record listed on your ABI or FBI report, your application could be denied for a material misstatement.

DUI or DWI charges are considered criminal charges. Misdemeanor citations and charges where you may not have been fingerprinted or booked but were required to pay court costs or fines are routinely reported to the ABI and FBI as a charge/arrest. These types of charges must also be disclosed on your application.

If you were told that a charge or arrest would be expunged from your record, and you would not need to report the charge as an arrest, you should verify with the court that the record was expunged and that you have "no arrest record" for the charge or arrest before completing your application for licensure. Failure to report charges or arrests that have not been expunged from your record could result in the denial of your application for a material misstatement.

If you answer yes to any of these questions, it will be necessary for you to provide the following for each charge: a copy of the charging instrument (indictment, criminal information or complaint), certificate of disposition from the court, including suspended or deferred sentences, and a written explanation of the events that surrounds the charge(s). If the court no longer has these records on file, you must obtain a letter from the judge or court clerk stating so.

1. Are you currently charged with, or ever been convicted of a felony or misdemeanor? O Yes O No
   If Yes, complete the following:
   a. Were criminal charges filed against you?
      (If yes, please list the charges below. Attach additional sheets if necessary.) O Yes O No

Date	Charge	City	ST

   b. Did you appear in court? O Yes O No
   c. What was the sentence of the court? (List the sentence below. Indicate the fine, any time served, deferred sentence, suspended sentence, or period of probation. Attach additional sheets if necessary.)

Date	Sentence	Probation Completed Date

2. Do you have any physical, mental, or emotional impairments that would hinder your ability to perform duties assigned in the profession of Private Investigator? O Yes O No
3. Are you currently suffering from habitual drunkenness or any narcotic addiction or dependence?
   (If Yes, attach proof (if applicable) of having completed treatment program(s).) O Yes O No
4. Have you ever been declared incompetent by reason of mental defect or disease? O Yes O No

(If Yes, attach documents showing that a court has since declared you are competent.)

5. Have you ever served in the Military Service? OYes ONo
   a. Did you receive an Honorable discharge? OYes ONo
   (If other than Honorable discharge, attach a separate sheet of paper explaining the discharge, a copy of your DD214, and copies of all final judgments or dispositions of charges.)
6. Has any state licensing board refused, revoked or suspended a certificate/license issued to you or taken other disciplinary action? OYes ONo
7. Have you ever voluntarily or otherwise surrendered your Private Investigator license or certification/ registry in any jurisdiction, state or territory? OYes ONo
8. Are you currently under investigation by any Investigator licensing board or agency? OYes ONo
9. Have you had any lawsuits filed against you pertaining to the practice of Private Investigation? OYes ONo
10. Have you read the Alabama laws pertaining to the Private Investigators Licensing and Regulatory Act and the corresponding Administrative Rules, and do you understand your responsibilities? OYes ONo

SECTION 7 – Affidavit of Applicant

I authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to provide Private Investigator Training. I agree to give any further information that may be required in reference to my past record. I understand that to receive a copy of the report or know its contents, I must submit a written request to the Board.

I authorize and request the Alabama Private Investigation Board to obtain any criminal history information concerning me from any authorized law enforcement agency including but not limited to the Alabama Criminal Justice Information Center, Bureau of Investigation, and the National Crime Information Center (NCIC).

I hereby release, discharge and exonerate the Alabama Private Investigation Board for any and all liability of every nature and kind arising out of the furnishing or inspections of such documents, records or other information or any investigation made by the Alabama Private Investigation Board as it relates to me or to this application as long as the Board acts without malice.

I, _____ acknowledge and state that all of the information supplied in this application is true and correct to the best of my knowledge and that I have read and am familiar with the Rules and Regulations pertaining to the licensure and training of Private Investigators in the State of Alabama. I acknowledge that any false or untrue statements or representation made in this application may result in the denial or revocation of any license to practice private investigation granted to me and criminal prosecution to the fullest extent of the law.

_____ _____
Applicant's Signature Date

SECTION 8 – Notary

Being duly sworn, says that he/she is the person who executed the above application and that all the statements herein contained are true and that the attached photo is a true photo of the applicant.

County of _____ State of _____

SWORN to and subscribed before me this _____ day of _____, 20_____

_____(Notary Public) Affix SEAL here :

My Commission Expires: _____