



**CHANGE OF INFORMATION NOTICE
AND/OR
REPLACEMENT LICENSE REQUEST**



Instructions: This form is for current licensees who have had a change of information or lost their license card. Please complete this form and mail to the APIB Office at:

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

Section 1 – Verification. List current licensee information on file below:

Last Name: _____ First Name: _____ Middle Name: _____

AL Private Investigator License #: _____

Mailing Address: _____ City _____ State _____

Zip _____ County: _____

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

E-mail: _____ Web Site: _____

Section 2 – Change of Information. Complete ONLY sections below that have changed:

Last Name: _____ First Name: _____ Middle Name: _____

AL Private Investigator License #: _____

Mailing Address: _____ City _____ State _____

Zip _____ County: _____

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

E-mail: _____ Web Site: _____

Employment:

Name and Address of Employer	Beginning/Ending Date of Employment	Title of Position	Phone

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

Education:

School/University/Other	City, State	Dates Attended	Graduation Date	Major

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

Licenses: List all Investigative related licenses you hold or have held.

State	Type of License	Date Issued	License Status

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

Section 3 – Request. Please check below the specific request needed.

- I have attached pertinent legal documents (court order, marriage license, divorce decree, etc.) regarding legal name change requests in connection with this application and require a new license reflecting this name change.
- I am requesting a change of information that does not require a replacement of my current license.
- I have lost my license and request a replacement.

Section 4 - Affidavit of Applicant

I, _____ acknowledge and state that all of the information supplied in this application is true and correct to the best of my knowledge. I acknowledge that any false or untrue statements or representation made in this application may result in the revocation of any license to practice private investigation granted to me and criminal prosecution to the fullest extent of the law.

Applicants Signature

Date