PRIVATE INVESTIGATOR FIRM VERIFICATION OF EXPERIENCE

PRIVATE INVESTIGATOR AND SECURITY GUARD LICENSING BOARD
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis IN 46204-2700
Telephone: (317) 234-3022
E-mail: pla10@pla.in.gov
www.pla.in.gov

SECTION I: APPLICANT / FIRM QUALIFIER INFORMATION
(To be completed by the applicant.)

Name of applicant / firm qualifier *(last, first, middle, maiden or previous)*	
Name of employer	
Address of employer *(number and street, city, state, and ZIP code)*	
Telephone number of employer *(include area code)* ( )	E-mail address of employer
Position of applicant / firm qualifier	Dates of employment *(month, day, year)* From To
Duties of applicant / firm qualifier	

SECTION II: APPLICANT / FIRM QUALIFIER EMPLOYMENT INFORMATION
(To be completed by the former or present employer of the applicant and uploaded with the application.)

Name of employer	License number of employer *(if applicable)*
Address of employer *(number and street, city, state, and ZIP code)*	
Name of person completing this form	Title of person completing this form

According to our records, _____, ☐ is ☐ was employed as an

☐ Investigator ☐ Security Guard ☐ Other _____ from _____ *(month, day, year)* to _____ *(month, day, year)*.

Describe the approximate amount of time (in hours) the applicant was involved in each of the duties.

This company issues ☐ W-2's ☐ 1099's to employees.