APPLICATION FOR AUTHORIZED EMPLOYEE / PRIVATE DETECTIVE

State Form 44259 (R2/3-93)

INDIANA PROFESSIONAL LICENSING AGENCY
Private Detective Licensing Board
302 West Washington Steet, Room E034
Indianapolis, Indiana 46204-2700

LEAVE BLANK

APPLICANT INFORMATION			EMPLOYER INFORMATION
Name of applicant		Date of birth *(month, day, year)*	License number
Address		Social Security Number	Expiration date *(month, day, year)*
City		Your Social Security Number is requested under IC 4-1-8-1; however, disclosure is voluntary and you will not be penalized for refusal.	Name of agency
State	ZIP code		Signature of agency manager
Signature of official taking fingerprints		Date signed *(month, day, year)*	

1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE
6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	LEFT THUMB	RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY