

Michigan Department of Energy, Labor & Economic Growth
Bureau of Commercial Services
Licensing Division
PROFESSIONAL INVESTIGATORS
P.O. Box 30018, Lansing, MI 48909
(517) 241-8720
www.michigan.gov/pi

Instructions for Professional Investigator Agency Relicensure

Minimum Qualifications

- Must be at least 25 years of age
- Must have high school diploma or GED
- No felony convictions
- No misdemeanors involving dishonesty, fraud, controlled substances, two or more alcohol related offenses, assault, or illegally using, carrying or possessing a dangerous weapon.
- Has not been dishonorably discharged from any branch of the U.S. Military

Items Needed to Complete Application

Fingerprints completed by applicant and all partners, members, and corporate officers; which are needed to check conviction history.

- IF you are a Michigan resident, complete and follow the instructions on the Livescan Fingerprint Request Form which has information necessary for applicants to make an appointment with the fingerprint processing vendor, IBT, to have fingerprints electronically imaged and processed.
- IF you reside in another state, submit a fingerprint card furnished by our office which has instructions and information needed to obtain and process fingerprints for out-of-state applicants along with the required \$49.25 fee.

Photos – 2 recent photos of applicant, on photo paper, no larger than 1¼” x 1¼”.

The enclosed bond or insurance endorsement form must be completed by the bonding/insurance company and returned to our office together with a copy of the power-of-attorney form. This form is not required until our office informs you that all other requirements have been met.

A copy of the legal, filed document that allows you to operate under a business name.

- IF your business is owned by a Corporation, Limited Liability Company, or Limited Liability Partnership; submit a copy of your Articles of Incorporation or Organization AND if the operational name is not exactly as it appears on your corporation papers, you must also submit a copy of the filed corporate certificate of assumed name document.
- IF your business is owned by a sole proprietorship or non-corporation partnership, you must submit a filed copy of the assumed name certificate/DBA that you have filed with your local county clerk's office.

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FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License #:	

APPLICATION FOR RELICENSURE AS A PROFESSIONAL INVESTIGATOR AGENCY

AUTHORITY: P.A. 285 of 1965, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

Print in ink or type all responses

Applicant's Name (Last, First, Middle)			Social Security Number	Date of Birth
Complete Business Name as you wish it to appear on license			Federal I.D. Number	
Physical Location of Business (Number and Street)			City	
State	Zip Code	County	Telephone Number ()	
Applicant's Home Address (Number and Street)			City	
State	Zip Code	Home Telephone Number ()	E-mail Address	
Driver's License Number			City & State of Birth	
Have you ever been convicted of a felony or misdemeanor for which you could have gone to jail?				
<input type="checkbox"/> Yes - Do not give details at this time. The Department may contact you at a later date.			<input type="checkbox"/> No	
Do you hold a license in any other state?				
<input type="checkbox"/> Yes - Attach a Letter of Good Standing from each state's licensing authority.			<input type="checkbox"/> No	

FEE PAYMENT INFORMATION (Check Appropriate Box)			FOR OFFICE USE ONLY - VALIDATION	
<input type="checkbox"/> Individual License	\$750.00	(3701-06)		
<input type="checkbox"/> Partnership License	\$750.00	(3701-06)		
<input type="checkbox"/> Corporation License	\$750.00	(3701-06)		
<input type="checkbox"/> Limited Liability Company License	\$750.00	(3701-06)		
Make your check or money order from a U.S. Financial Institution payable STATE OF MICHIGAN - PROFESSIONAL INVESTIGATOR				
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 285 of 1965, as amended.				

PARTNERSHIP/LIMITED LIABILITY PARTNERSHIP INFORMATION				
Partner's Name (Last, First, Middle)				
Home Address (Number and Street)			City	
State	Zip Code	Telephone Number ()		
Partner's Name (Last, First, Middle)				
Home Address (Number and Street)			City	
State	Zip Code	Telephone Number ()		
CORPORATION OR LLC INFORMATION				
Name of Corporation/LLC				
Does your Corporation/LLC now hold a license in any other <input type="checkbox"/> Yes - Location _____ <input type="checkbox"/> No Attach a Letter of Good Standing from each state's licensing authority.				
Corporate Officers or Members PRINT NAME	ADDRESS (Number, Street, City, State, Zip Code)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TITLE
1.				
2.				
3.				
4.				
Applicant's Certification:				
I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Energy, Labor & Economic Growth and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I further authorize the Department or its agents to examine my books and records at the Department's discretion.				
Sole Proprietorship or License Holder		{	_____	
Corporation, LLC, PLLC, Partnership, LLP		}	_____	
			Signature	

			Partner or President	

			Partner or Treasurer	

			Partner or Secretary	