FOR OFFICE USE ONLY
EFFECTIVE 5-2019
EXPIRES _____
PROCESSED BY _____

OUT-OF-STATE CREDENTIALED PRIVATE INVESTIGATOR NOTIFICATION

NOTICE: Information contained on this notification is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

****ANY PERSON WHO HOLDS A VALID LICENSE OR CREDENTIAL AS A PRIVATE INVESTIGATOR ISSUED BY ANOTHER STATE MAY OPERATE IN THIS STATE FOR UP TO TEN (10) CALENDAR DAYS WITHOUT BEING ISSUED A CREDENTIAL UNDER ARKANSAS LAW OR RULES. AN OUT OF STATE INVESTIGATOR SEEKING AUTHORIZATION UNDER THIS RULE MUST NOTIFY THIS DEPARTMENT IN WRITING UPON THE COMMENCEMENT OF AN INVESTIGATION. **(PLEASE ATTACH A COPY OF THE VALID LICENSE OR CREDENTIAL)**

PLEASE TYPE OR PRINT LEGIBLY

NAME OF COMPANY _____ CMPY #_____

NAME _____
Last First MI

SS#: _____-_____-_____ DOB: _____
(MUST BE 21 YRS OLD)

SEX: _____ RACE: _____ HGT: _____ WGT: _____ EYES: _____ HAIR: _____

APPLICANT PHYSICAL ADDRESS: _____
Street/P.O. Box City County State/ZIP

APPLICANT MAILING ADDRESS: _____
Street/P.O. Box City County State/ZIP

DRIVER'S LICENSE: _____ HOME PHONE: (_____) _____
State Number

EMAIL ADDRESS: _____ CELL PHONE: (_____) _____

PLACE OF BIRTH: _____
City County State Country

DATE INVESTIGATION BEGINS _____

DATE INVESTIGATION ENDS _____

_____ _____
SIGNATURE DATE

****** THIS FORM MAY BE FAXED TO OUR OFFICE AT 501-618-8125******