

Agency Information

1. Name (Individual License Holder):	Date:	2. Status: <input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Change
3. Name of Agency:		4. d/b/a:
5. Street Address		6. City/State/Zip:
7. Mailing Address: (NOTE: This address will be utilized for ALL correspondence.)		8. City/State/Zip:
9. Telephone Number Office: _____ Home: _____		10. Fax Number:
11. E-mail Address		12. World Wide Web Address:
13. ND Detective Agency or Security Agency License Number(s) and Date Issued:		14. Contact Person/Title:

15. Agency is a: Sole Proprietorship Partnership Corporation LLC

16. Name of License Holder Responsible for Agency Personnel:	17. Total Number of Employees Providing Private Investigative or Security Service:
--	--

18. For Corporations, Partnerships, and Limited Liability Companies – Include All Owners With 10% in Corporation or Company – List Each Principal Officer

Name	Title	Address	Telephone Number	% of Ownership

*Note: Individuals listed in this field must also fill out the Applicant Information Form, supply fingerprint cards, and include fees for criminal records search.

19. Persons Serving in any Managerial Capacity for the Agency's Operation in North Dakota:

Name	Title	Address	Telephone Number

*Note: Individuals listed in this field must also fill out the Applicant Information Form.