

Massachusetts State Police

Certification Unit Licensing Questionnaire



| Last Name: | First Name: | : Date of Birth: | | |
|---------------------------------------|--|--|--|--|
| PI License Nui | mber: | | | |
| WORK EXPE | ERIENCE | | | |
| ALL APPLICA | ANTS: Please answer "Yes" or "No" to all questions be | low. Please use continuation space if needed. | | |
| Yes No | Were you previously regularly employed for not less | than three years as a full-time detective doing | | |
| | work? Where did you obtain your work experience as a | | | |
| | Are you a former police officer, of a rank or grade his | | | |
| | Were you formerly a police officer in good standing of | | | |
| | Did you previously work for the Commonwealth of M | | | |
| or an official po | olice department of another state? | | | |
| \Box Yes \Box No | Are you a former member of an investigative service | of the United States? | | |
| | Were you previously employed by a government enti | | | |
| | f the previous questions, what agency/department did y | | | |
| | | | | |
| If no, where did | d you obtain your work experience? | | | |
| • | | | | |
| How many year | ars of experience do you have? | | | |
| \square Yes \square No | Have you served in any branch of the United States A | armed Forces? | | |
| ☐ Yes No | Are you currently a police officer, Sheriff, Constable, | or certified by a POST Commission? | | |
| | Are you currently an employee of the Commonwealth | · · · · · · · · · · · · · · · · · · · | | |
| | f yes, where are you employed? | 7 1 | | |
| | Are you currently a practicing attorney? | | | |
| | Have you ever been discharged from the armed service | ce or from a city, town, county, state, or federal | | |
| | position in a status other than an honorable discharge | | | |
| | | | | |
| \square Yes \square No | Have you ever been convicted of a felony? | | | |
| | Have you ever been convicted of any act involving il | legally using, carrying, or possessing a | | |
| dangerous wear | | | | |
| | Have you ever been convicted of any act of personal | violence? | | |
| | Have you ever been convicted of any act constituting | | | |
| | Have you ever been convicted of any act involving n | • | | |
| sex crimes, etc. | | | | |
| · · · · · · · · · · · · · · · · · · · | Are you currently on probation, parole, or named in | an outstanding arrest warrant? | | |
| | Have you ever been licensed as a private investigator | | | |
| | If you were previously licensed as a private investigation | • | | |
| | with an administrative, civil, or criminal violation that re | · · · · · · · · · · · · · · · · · · · | | |
| license? | , | 1 , , , | | |
| Yes No | Has any licensing authority in any jurisdiction, or an | y certifying body (e.g. P.O.S.T.), ever refused | | |
| to issue you a li | icense or ever revoked, annulled, canceled, accepted su | rrender of, suspended, placed on probation, | | |
| refused to renev | w a professional license or certificate held by you, now | or previously? | | |
| \square Yes \square No | Have you ever resigned to avoid discipline, been susp | ended, or been terminated from a volunteer or | | |
| employment position? | | | | |
| Yes No | Have you ever been convicted of a crime involving d | omestic violence? | | |

Private Investigator Renewal Form Page 2

| Last Name: | First Name: | MI: | Date of Birth: | |
|---------------------------------------|---------------------------------|---------------------------|---------------------------|----------------------|
| PI License Number: | | | | |
| ☐ Yes ☐ No Have | you ever falsified or willfully | y misrepresented inform | ation in an employment | application, |
| | r in testimony under oath? | | | |
| \square Yes \square No Are y | ou free of any mental condition | ion or defect that would | interfere with your abil | lity to provide |
| services in a profession | nal and competent manner? | | | |
| □ Yes □ No Have | you ever attended, been treat | ted or observed by any | doctor or psychiatrist, o | r at any hospital or |
| | n inpatient or outpatient basis | • | | · |
| | e and location of the doctor, p | | | of occurrence.) |
| | you ever been committed un | | | |
| | the date of this application, | | <u> </u> | |
| | olinary action related to any p | | | |
| | you ever had a civil judgmen | nt entered against you in | a lawsuit for incompet | ence, negligence, |
| or malpractice in pract | C . 1 | | | |
| | you ever worked under the l | - | e investigator? | |
| If yes, please p | rovide the name, license num | nber, and state? | | |
| | | | | |
| | | | | |
| | | | | |
| Yes No Do y | ou currently have any emplo | yees working under the | umbrella of your licens | e? |
| How many employees | s do you have working under | your license? | | |
| 1-10 | 11-25 | 26-50 | 51-100 | 100+ |
| 1 10 | 11 25 | 20 00 | | 100 |
| Continuation Space: | | | | |
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| I, | herehy | certify that all stateme | ents made in this quest | ionnaire are |
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| | disqualification from furth | | | |
| the Department of | <u>-</u> | compract anton and/ | or recommend of a fitter | 100 100 M O J |
| | | | | |
| Ciam adve | | T. J!. D | 4 | |
| Signature | | Today's Da | ie: | |