

**Vermont Secretary of State
Office of Professional Regulation
VERMONT BOARD OF PRIVATE INVESTIGATIVE AND SECURITY SERVICES
National Life Building, North, FL 2
Montpelier, VT 05620-3402
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E-Mail: "pskinner@sec.state.vt.us"
Web Site: www.vtprofessionals.org**

INSTRUCTION SHEET FOR INVESTIGATIVE OR SECURITY AGENCY (SOLE PROPRIETOR)

You may contact **Patty Skinner, Administrative Assistant**, at (802) 828-2837 or via E-mail: pskinner@sec.state.vt.us if you have questions or if you need additional information.

Once your application is complete, it will be sent to the Board for review. The Board usually meets on the third Friday of each month. See the Board's Web site for specific meeting dates, agendas, minutes, etc.

This application applies to an agency offering investigative and/or security services that do not have employees or registrants (sole proprietor).

Note: A separate application must be completed for an individual to become licensed and practice independently (sole proprietor) or to serve as a qualifying agent of an agency with employees/registrants. Individuals who have met the experience requirement and successfully passed the examination on Vermont Law may qualify for licensure (Title 26 V.S.A. § 3174).

Sole proprietor agencies must submit the following:

1. Completed application
2. No application fee.
3. Provide the name of the owner and how the business is organized (trade name, partnership, corporation, limited liability company, etc.)
4. You must submit evidence of registration of the name of your business (i.e., Trade Name; Certificate of Incorporation, Vermont Domestic; Certificate of Authority, foreign non-Vermont; Partnership, or Limited Liability Company) from the Corporations Division, Office of the Secretary of State, 81 River Street, Montpelier, Vermont 05609-1104, Phone (802)828-2386. Web site: www.sec.state.vt.us
5. If this business/entity is licensed or registered as an agency offering investigative and/or security services in another jurisdiction, verification of licensure standing directly from the licensing authority in the state where the agency is located is needed. Note: Online verification is acceptable provided the state in which the facility is located reports whether disciplinary action(s) has been taken against the applicant.

NOTE: All licensees renew on a fixed 24 month schedule: May 31 (odd numbered years). Applicants issued an initial license more than 90 days prior to the renewal date will be required to renew. Initial licenses issued within 90 days of the renewal date will not be required to renew.

The Statutes and Rules are available via the Board's Web site at:
<http://vtprofessionals.org/opr1/investigators/>

Vermont Secretary of State
 Office of Professional Regulation
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 (802) 828-1505



Patty Skinner
 Administrative Assistant
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www.vtprofessionals.org

Board of Private Investigative and Security Services

Application for Licensure as an Agency (Sole Proprietor)

_____ Private Investigative _____ Security Services _____ Private Investigative and Security Services
 (combination)

Name of Agency (business)	
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Agency Mailing Address:	P.O. Box	
	Street/Apt #	
	City/State/Zip	
	Country	

911 Address: (if different than mailing)	P.O. Box	
	Street/Apt #	
	City/State/Zip	

Social Security Number: _____ / _____ / _____ *(Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request);*

OR

Federal Identification Number:	
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Home Phone:	() -	Cell Phone:	() -
Work Phone:	() -	E-Mail:	

Section B: Ownership

Legal Organization:	<input type="checkbox"/> Trade Name <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Name of Owner	
Address of Owner	

Section C: Vermont Mandatory “Good Standing” Declarations**CHILD SUPPORT:**

Child Support Orders (15 V.S.A. § 795):

As of the date of this application: this business, and/or the person signing this form, (check one)

- Is not subject to a child support order; OR
 Is subject to a child support order and am in good standing* or in full compliance with a plan to pay
 Is not in good standing* or in full compliance with a plan to pay.*

TAXES:

Tax Compliance (32 V.S.A. § 3113(b)):

As of the date of this application: this business, and/or the person signing this form, (check one)

- Has never lived or worked in Vermont and do not owe Vermont taxes; OR
 Has no taxes due and payable and all required returns have been filed; OR
 Has the liability for any taxes due and payable on appeal; OR
 Is not in compliance with a payment plan approved by the Vermont Department of Taxes; OR
 Is not in good standing* with the Vermont Department of Taxes or in full compliance with a plan to pay.

UNEMPLOYMENT COMPENSATION:

Unemployment Compensation (21 V.S.A. §1378(b)):

As of the date of this application: this business, and/or the person signing this form, states that: (check one)

- This does not apply because this business or I have never been an employer in Vermont; OR
 No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
 this business or I am not in good standing* or in full compliance with a plan to pay.

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpaid Judgments (4 V.S.A. § 1110(c)):

As of the date of this application: this business, and/or the person signing this form: (check one)

- Does not have any unpaid judgments
 Is in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense."
 Is not in good standing.*

* “Good standing” is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question or consult the “information for applicants” on the OPR web page.

(www.vtprofessionals.org)

Section D: Vermont Mandatory Credential and Fitness Questions

Please circle Yes or No for each of these questions. If Yes, follow the provided instructions.

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application for a license, certificate, or registration by this applicant to conduct business or perform professional services? <i>If "Yes," attach a copy of the order or official notification of the action(s).</i>	Yes	No
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Has Vermont or any other state, federal authority or other jurisdiction (US or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration held by this applicant to conduct business or perform professional services? <i>If "Yes," provide a copy of the order or official notification of the action.</i>	Yes	No
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Has the entity for which this application is submitted ever surrendered a license, certificate or registration to a licensing authority? <i>If "Yes," provide a detailed written explanation.</i>	Yes	No
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Is the entity for which this application is submitted currently under investigation by a licensing authority? <i>If "Yes," provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Has the entity for which this application is submitted been convicted of a crime? <i>If "yes," provide a detailed written explanation and attach the official court documents.</i>	Yes	No
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Does the entity for which this application is submitted have any criminal charges pending against it in any jurisdiction (US or elsewhere)? <i>If "yes," provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
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Note: Vermont law requires that you report to the Office of Professional Regulation a felony conviction or any conviction of a crime related to the practice of your profession, within 30 days. 3 V.S.A. § 129a (a)(11).

Name of Sole Proprietor (as known as Qualifying Agent)	Middle Initial	Last Name	Circle One:
			Mr. Mrs. Ms. Dr.
Previous Name(s) (Maiden)			
Indicate License Number	066-		

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of this application for licensure/certification/registration. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

Signature of Applicant	Date
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