



OHIO DEPARTMENT OF PUBLIC SAFETY  
PRIVATE INVESTIGATOR SECURITY GUARD SERVICES

1970 West Broad Street  
P.O. Box 182001  
Columbus, OH 43218-2001  
PHONE (614) 466-4130 FAX (614) 466-0342  
www.pisgs.ohio.gov

# PISGS

# EMPLOYEE REGISTRATION APPLICATION

Affix a 2" x 2" color photograph of the registrant in this space.

Photo Must be on a white background with the Full Face Visible (No Headgear) and be no more than 30 day old. Copies of Driver license Photos are not acceptable.

Write the name of the registrant on the back of the photo and use only Transparent Tape to affix the photograph. **Do not** use glue or opaque tape.

**Use this form to register new employees, file a change-of-name or request a replacement identification card.**

- This form is interactive. You may, before printing, type your responses directly onto the form. Otherwise, this form must be typewritten or printed legibly in black ink.
- Fill out all applicable sections of this application. Incomplete applications and applications that are filled out improperly will NOT be returned for correction.
- A check or money order for fees, made payable to, **Ohio Treasurer of State**, MUST be remitted with this application. **Cash is not accepted.**

### CLASS OF REGISTRATION (CHECK ONE)

- Private Investigator & Security Guard Registration (A)  
 Private Investigator Registration (B)  
 Security Guard Registration Only (C)

### PURPOSE OF APPLICATION (CHECK ONE)

- |   |         |
|---|---------|
| <input checked="" type="checkbox"/> New Registration/Late Renewal/Rehire w/Rap Back | \$40.00 |
| <input type="checkbox"/> Replacement Card   | \$ 5.00 |
| <input type="checkbox"/> Name Change  | \$ 5.00 |
| <input type="checkbox"/> Class Change   | \$ 5.00 |

### LICENSEE INFORMATION

COMPANY NAME <b>1st Security Services of Ohio</b>		LICENSEE FILE # <b>201121001938</b>	
DOING BUSINESS AS (DBA) NAME <b>Same</b>			
ADDRESS (PHYSICAL ADDRESS) <b>7405 Amber Lane</b>		CITY <b>Brecksville</b>	STATE <b>OH</b>
		ZIP CODE <b>44141</b>	
DAYTIME PHONE # <b>( 330 ) 696-1187</b>	FAX # <b>( ) -</b>	E-MAIL ADDRESS <b>cmccausland@1stsso.com</b>	

### EMPLOYEE REGISTRATION INFORMATION

FIRST NAME	MI	LAST NAME	SUFFIX	SSN
HOME ADDRESS (NO P.O. BOXES)			PHONE # ( ) -	DATE OF BIRTH
CITY	STATE	ZIP CODE	COUNTY	
CITY OF BIRTH	STATE OF BIRTH	COUNTRY OF BIRTH	HEIGHT	WEIGHT LBS.
HAIR COLOR		EYE COLOR		
HIRE DATE	SCARS AND MARKS			
DATE FINGERPRINTS SUBMITTED	AUTHENTICATION #			

### NAME CHANGE REQUESTS Complete former name information if applying for a name change. Include copy of new Social Security Card.

FORMER FIRST NAME	FORMER MIDDLE NAME	FORMER LAST NAME
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### CERTIFICATION

- I have  I have not been convicted of a felony within the past 20 years.  
 I have  I have not been convicted of a misdemeanor(s) in the past 20 years.

I affirm that the information within and attached hereto this application is complete and accurate.

I authorize PISGS to enroll me in the retained applicant fingerprint database (rapback). I understand that my criminal history will be continually monitored, and any new arrest will be reviewed by PISGS.

PRINT NAME OF EMPLOYEE	SIGNATURE OF EMPLOYEE <b>X</b>	DATE
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I have read the information provided by the applicant and have no reason to believe that it is false or misleading.

PRINT NAME OF QUALIFYING AGENT <b>Christopher McCausland</b>	SIGNATURE OF QUALIFYING AGENT <b>X</b>	DATE
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