



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Private Investigations Advisory Board

Toney Anaya Building ▪ 2550 Cerrillos Road ▪ Santa Fe, New Mexico 87505
(505) 476-4650 ▪ Fax (505) 476-4545 ▪ www.rld.state.nm.us/PrivateInvestigations

INSTRUCTIONS FOR PRIVATE INVESTIGATIONS (PI) EMPLOYEE REGISTRATION

Application for PI Employee Registration must include the following information:

1. Complete the PI Employee Registration Application and sign before a Notary Public.
2. Any "Yes" answers for questions A through I on page 2 of the application require further information.
3. A "Yes" answer on question B requires a date of conviction; the city/county/judicial district/state of the action; a copy of all pertinent court documents and records; name of the judge; terms of probation; name of probation officer.
4. If you have used a different name, you must explain why and when.

The following documents must be submitted with the application for licensure:

1. Application fee payable to the Private Investigations Advisory Board. All fees are non-refundable.
2. Two recent 2" x 2" "Passport Type" photos stapled to the front page of the application. Do not use tape or paste.
3. Certification of employment or contract with a private investigation company and supervision of a NM licensed private investigator.
4. Proof of age (birth certificate or a copy of driver's license, State issued ID, or baptismal certificate). Must be at least 21 years of age.
5. Copy of high school diploma or GED.
6. RLD Release of Information form and DPS Authorization for Release of Information form.
7. Department issued jurisprudence exam.
8. Firearms Certification (optional).

FBI Identification and NM State Criminal Record. In addition to the documents listed above, you will have to complete two fingerprint cards. Fingerprints must be on Regulation and Licensing Department/Private Investigations Advisory Board coded fingerprint cards. To obtain those cards, please contact RLD at (505) 476-4650 and they will be mailed to you, or, you may come into our offices located at the Toney Anaya Building, 2550 Cerrillos Road, Second Floor, Santa Fe, New Mexico. Complete the card with signature, date of birth, place of birth, height, weight, social security number and license type.

Fingerprints must be taken under the supervision of and certified by a New Mexico state police officer, a county sheriff, a municipal chief of police or by comparable officers in the applicant's state of residence if the applicant is not a resident of New Mexico or a RLD approved private agency or individual.

Submit both cards to the NM Department of Public Safety **with a money order or cashier's check for \$44.00 made payable to the "NM Department of Public Safety"**. This is the charge for the FBI and the state record. Cards submitted with the incorrect amount or with personal checks will be returned to the applicants.

Please mail the cards and the payment to:

Fingerprint Section
NM Department of Public Safety
P.O. Box 1628
Santa Fe, NM 87504-1628

IMPORTANT: If the contract or employment of a private investigations employee with a private investigation company terminates for any reason, the registration of the individual as a private investigations employee immediately terminates. The private investigations employee shall turn over the employee's registration to the private investigation company upon ceasing employment with that company.

A private investigation company shall notify the department within thirty days from the date of termination of employment of a private investigations employee of the employment termination and return the employee's registration to the department.

PRIVATE INVESTIGATIONS EMPLOYEE REGISTRATION

PRIVATE INVESTIGATIONS EMPLOYEE REGISTRATION APPLICATION
THIS FORM MUST BE LEGIBLE AND SIGNED IN THE PRESENCE OF A NOTARY

Non-Refundable Fees: Application Fee \$35.00

Department Use Only:

Check or MO #
Receipt #
Age verification
Education verification
Jurisprudence Exam
Employment/Contract
RLD Release of Information
DPS Release of Information
Firearms Certification

PERSONAL INFORMATION

Last Name: First: Middle:

Mailing Address: (Street) (City) (State) (Zip)

Phone: () Date of Birth: / / SSN: - -

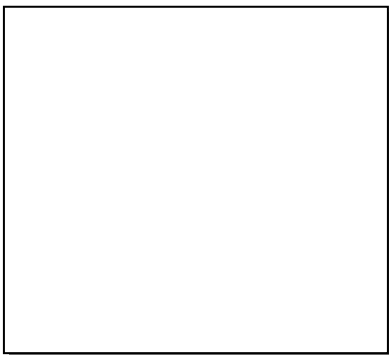
Sex: Height: Weight: Eye Color: Hair Color:

PRIVATE INVESTIGATION COMPANY INFORMATION

Business Name:

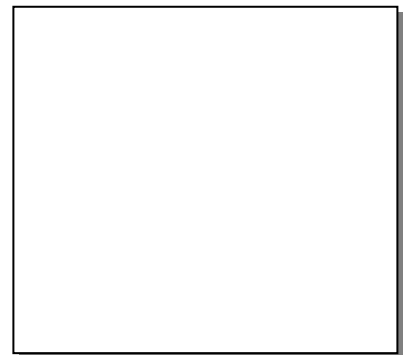
Phone: () Private Investigation Company License #:

ATTACH TWO 2" x 2" RECENT PHOTOGRAPHS. If you wear glasses, tinted lenses, etc. please indicate below. Dark or fuzzy pictures, side views and photos with sunglasses are unacceptable.



Staple photos to application

DO NOT paste or tape



I certify that I wear (Tinted eye glasses, glasses, etc.)

*All license information is subject to the Inspection of Public Records Act.

PRIVATE INVESTIGATIONS EMPLOYEE REGISTRATION

ANSWER THE FOLLOWING QUESTIONS: Explain any yes answers on a separate page.

If you answer **yes** to question B you **MUST** submit a copy of all pertinent court documents and records, the date of conviction, the city/county/state of the action and terms of probation. The Department may request additional information.

A. Have you ever used a name other than the name shown above? If yes, list name(s) used and give all details on a separate page.	YES	NO
B. Have you ever been convicted of a felony or misdemeanor? This includes deferred prosecution, judgment, pleas of guilty or nolo contendere in any state, territory, district of the United States or a foreign country.	YES	NO
C. Have you ever been arrested for a felony or misdemeanor?	YES	NO
D. Have you ever applied to or been licensed/registered as a private investigator or private investigator employee in any state, foreign country, territory, or institution?	YES	NO
E. Have you ever had any disciplinary action taken against a private investigator license/registration or any other professional/occupational license held by you or by any partnership or corporation of which you were a partner or officer, in any state, territory, district of the United States or a foreign country? Disciplinary action includes, but is not limited to, suspension, probation, practice limitations, reprimand, letter or admonition, censure, and any allegations currently pending.	YES	NO
F. Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state?	YES	NO
G. Do you use alcohol or chemical substances in any way that impairs or limits your ability to work with reasonable skill and safety?	YES	NO
H. Are you currently engaged in the illegal use of dangerous or narcotic drugs?	YES	NO
I. Have you ever been found to have violated the requirements of a state or federal labor, tax or employee benefit law or rule?	YES	NO
J. Have you ever been licensed or registered by the New Mexico Private Investigations Advisory Board? If yes, list the type and number: _____	YES	NO

I _____, under penalty of perjury, **HEREBY DEPOSE AND STATE**, that I am the person described and identified in this application and the information given by me is true and complete to the best of my knowledge and belief. I understand that any information contained in this application may be investigated and any false

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PRIVATE INVESTIGATIONS EMPLOYEE REGISTRATION

or dishonest answer to any question in this application may be grounds for denial or revocation of my license.

I further understand:

- I cannot work as a private investigations employee until I have received a registration issued by the Regulation and Licensing Department;
- I must be employed or under contract with a private investigation company and under the direct control and supervision of a NM licensed private investigator;
- If my contract or employment with said private investigation company terminates for any reason, my registration as a private investigations employee immediately terminates and I will turn over my registration to the private investigation company.

Applicant's Signature _____ Date _____

STATE OF _____ COUNTY OF _____

BEFORE ME on this _____ day of _____, 20____, personally appeared the above-named applicant who, being duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

My Commission Expires: _____

Notary Public

PRIVATE INVESTIGATIONS EMPLOYEE REGISTRATION

CERTIFICATE OF EMPLOYMENT OR CONTRACT

Under the Private Investigations Act [Chapter 61, Article 27B NMSA 1978] a private investigations employee must be employed or under contract with a private investigation company and must work under the direct control and supervision of a NM licensed private investigator.

If the contract or employment terminates for any reason, the registration of the private investigations employee immediately terminates and the employee must turn over the registration to the private investigation company.

The Private investigation company **is required** to notify the Regulation and Licensing Department within thirty (30) days from the date of termination and return the employee’s registration to the department.

Complete the following and include it with the Private Investigations Employee Registration application.

Applicant name	
Private Investigation Company Name and License #	
Business Address	
Business Phone Number	
Business Owner	
Qualifying Supervisor Name and License #	

I, _____, (title) _____ verify that the

above named applicant is: (check one)

- Employed
- Under contract

with the above named NM Licensed Private Investigations Company.

I also understand that said person has made application to the Regulation and Licensing Department/Private Investigations Advisory Board for a Private Investigations Employee Registration, and I hereby depose that the applicant is employed or under contract with the above stated Private Investigations Company and will be under the direct control and supervision of the above stated supervisor.

I further understand the legal obligations under the Private Investigations Act [Chapter 61, Article 27B NMSA 1978] of the above stated Private Investigation Company and will notify the department within 30 days from the date of termination of the contract or employment and return the employee’s registration to the department.

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PRIVATE INVESTIGATIONS EMPLOYEE REGISTRATION

This form must be signed in the presence of a notary.

The undersigned hereby certifies, under penalty of perjury, that all statements contained herein are true and correct and that this entity authorized to provide such verification.

Applicant's Signature _____ Date _____

STATE OF _____ COUNTY OF _____

BEFORE ME on this _____ day of _____, 20____, personally appeared the above-named applicant who, being duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

Notary Public My Commission Expires: _____

PRIVATE INVESTIGATIONS EMPLOYEE REGISTRATION

RELEASE OF INFORMATION

Print or Type Clearly

I, _____
Last Name First Name Middle

Social Security # _____, Date of Birth ____/____/____

currently residing at _____
Street City State Zip Code

Having made application with the Regulation and Licensing Department for registration under the Private Investigations Act [Chapter 61, Article 27B NMSA 1978] and rules [Title 16, Chapter 48 NMAC] understand that a comprehensive investigation of my background may be conducted in connection with this application.

I do hereby give the officials of the Regulation and Licensing Department and the Private Investigations Advisory Board the authority to conduct any such investigation; and do hereby authorize the release of any and all such information that pertains to my work history, any arrest information, and/or any other information on general qualifications for fitness to practice as a private investigations employee as requested by this state agency.

I have read, understand, and shall retain a copy of this document for my records.

Applicant's Signature: _____ Date: _____
(sign only before a Notary Public)

Notary: Ensure that this document is signed by the applicants in your presence, and that the applicant's name, social security number, and date of birth are verified by a valid form of identification.

Subscribed and sworn to before me this _____ day of _____ 20____

STATE OF _____ Notary Public

COUNTY OF _____ My Commission Expires: _____

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