



PRIVATE INVESTIGATIONS ADVISORY BOARD

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
P.O. Box 25101 ▪ Santa Fe, New Mexico 87504
(505) 476-4622 ▪ Fax (505) 476-4615 ▪ www.RLD.state.nm.us

SECURITY GUARD RENEWAL APPLICATION - LEVEL 3

Please complete renewal application and return with the biennial renewal fee of **\$75.00** (Non-Refundable). To avoid a late fee, the renewal application must be completed and post-marked by the expiration date. Renewal applications postmarked or delivered after are subject to a \$100.00 late fee.

Check box if address has changed

Name: _____

Address: _____

City, State, Zip: _____

License #: _____

EMAIL: _____

Department Use Only:
 Check or MO # _____
 Receipt # _____

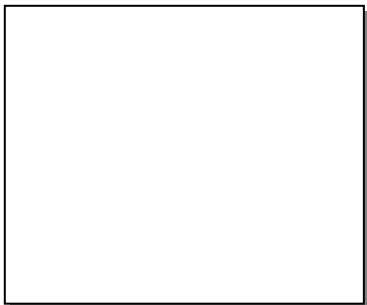
- Firearms Certification L3 only
- Continuing Education – 4 hrs
- Release of Information
- Background Approval

Please provide current information:

Weight: _____ Height: _____ Eye Color: _____ Hair Color: _____

Employer Name: _____ Phone: (____) _____

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.)

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

If you answer **YES** to any question, please explain on a separate page. **YES** answer **Question B MUST** submit a copy of **Judgment & Sentence or Judgment & Order** documents and all other 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.

Failure to provide these documents will result in your application being returned as incomplete.

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 had any disciplinary action taken against a security guard license 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

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

Applicant's Signature _____ **Date** _____

The following documents must be submitted with the renewal application for registration:

- Renewal fee payable to the Private Investigations Advisory Board. All fees are non-refundable.
- Two recent 2" x 2" "Passport Type" photos stapled to the front page of the application.
- Proof of the required four (4) hours of continuing education (CE) in the form of a certificate, training form, company stationary or college transcript. All CE hours must be earned during the renewal period.
- RLD Release of Information form signed before a Notary Public.
- Current firearm re-certification form.
- Authorization for Release of Information must be submitted directly to the New Mexico Department of Safety at P.O. Box 1628, Santa Fe, NM 87504-1628
- Mail the "Authorization for Release of Information Form" to the Department of Public Safety (DPS)
 - Must be notarized
 - Must include a \$15.00 check or money order made payable to the Department of Public Safety
- The Department of Public Safety will send the results directly to the Private Investigations Advisory Board. This can take up to 4 weeks to process and receive.

All incomplete renewal applications will be returned to the registrant, which may result in a late fee if not returned or postmarked by the expiration date.

If applications are not complete within the 30 "late period" the renewal will not be processed and the individual will need to reapply for a new license.

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

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RELEASE OF INFORMATION

Print or Type Clearly

I,

Last Name	First Name	Middle
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Social Security # _____, Date of Birth _____ / _____ / _____

currently residing at _____

Street	City	State	Zip Code
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Having made application with the Regulation and Licensing Department for licensure 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 licensee/registrant 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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New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Private Investigations Advisory Board

**2550 Cerrillos Road ▪ PO Box 25101 ▪ Santa Fe, NM 87504
(505) 476-4622 ▪ (505) 476-4645 ▪ www.rld.state.nm.us/boards**

**DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628
ATTN: RECORDS \$15.00 PER RECORD CHECK**

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
NAME (MUST BE PRINTED-LEGIBLY) (SSN #) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

NEW MEXICO PRIVATE INVESTIGATIONS ADVISORY BOARD

NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")

ADDRESS: P.O. Box 25101, Santa Fe, New Mexico 87504

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: _____

DATE: _____

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT (GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____.

**(SEAL) _____
(NOTARY PUBLIC)**

MY COMMISSION EXPIRES: _____.

