

# RECIPROCAL FORM

# PI-24

Reciprocity for states that are in an agreement with Oregon

\_\_\_\_ California (60 days per case)

\_\_\_\_ Louisiana (30 days per case)

DPSST, Private Investigator Licensing Program, 4190 Aumsville Hwy SE Salem, OR 97317

Phone (503) 378-8531 • Fax (503) 378-4600



## PERSONAL INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License Number and State \_\_\_\_\_ / \_\_\_\_\_ Expiration Date \_\_\_\_\_

## OREGON CONTACT INFORMATION

Temporary Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## BUSINESS INFORMATION

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Investigator working in Oregon \_\_\_\_\_

**Please include a copy of the business or individual's license**

## DESIGNATION OF AGENT FOR SERVICE OF PROCESS

If a complaint is filed against the applicant while performing private investigative activities in Oregon, the home state or state of residence will be made responsible for any disciplinary action taken. The home state will also be made as delivery for service of process.

Home State Regulatory Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## CERTIFICATION OF INFORMATION

I hereby certify that that all of the information provided and any supporting documentation submitted are true and correct. I understand in order to work in Oregon, my license must be current and in good standing with my home state. I also understand that I cannot solicit business while working in Oregon. Any falsification could result in termination of this agreement and civil penalties.

Signature \_\_\_\_\_ Date \_\_\_\_\_