

# CHANGE OF INFORMATION FORM

# PI-23

\_\_\_\_ CHANGE OF CONTACT, WEBSITE OR AGENT INFORMATION  
\_\_\_\_ REQUEST FOR REPLACEMENT LICENSE OR NAME CHANGE



DPSST, Private Investigator Licensing Program, 4190 Aumsville Hwy SE Salem, OR 97317  
Phone (503) 378-8531 • Fax (503) 378-4600

## PERSONAL INFORMATION

Name \_\_\_\_\_ PI ID# \_\_\_\_\_

Home Address \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Your email will now be used as our form of communication for all correspondences regarding your license.** Additionally, please check yes  if you would like to be added to our email messaging system regarding other updates to the investigator program. **Email:** \_\_\_\_\_

## WEBSITE INFORMATION (THIS INFORMATION WILL APPEAR ON THE DPSST WEBSITE IN ACCORDANCE WITH ORS 703.480)

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

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

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

## AGENT FOR SERVICE OF PROCESS (FOR OUT OF STATE INVESTIGATORS ONLY)

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

Contact Person \_\_\_\_\_

Oregon Address \_\_\_\_\_

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

## REQUEST FOR REPLACEMENT LICENSE

Enclose \$20.00 fee

Private Investigator  Provisional Investigator

Reason for replacement:

Lost  Stolen  Destroyed  Circumstances of destruction \_\_\_\_\_

An investigator shall carry at all times, while engaged in the practice of investigating, the identification card issued. Pursuant to Oregon Revised Statute (ORS) 703.435(2).

## REQUEST FOR NAME CHANGE

Enclose \$20.00 fee

Private Investigator  Provisional Investigator

Former Name \_\_\_\_\_

Current Legal Name \_\_\_\_\_

Reason: Marriage  Divorce  Legal Name Change

**\*\*Attach proof of name change with this document. Approved documentation includes copies of your driver's license, state issued ID, SSN card, or court documents\*\***

### Certification of Information

I hereby certify that all of the information given and any supporting documentation submitted are true and correct. I understand that any falsification could result in denial, suspension and/or revocation of my license.

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