



**RELEASE OF INFORMATION**

**EACH OWNER, OFFICER AND DIRECTOR MUST COMPLETE AND ANSWER THE FOLLOWING QUESTIONS:** Explain any yes answers on a separate page.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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 applied to or been licensed as a private investigator in any other jurisdiction?	YES	NO
C. 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
D. Have you ever been licensed or registered by the Regulation and Licensing Department? If yes, list your prior license or registration number(s): _____	YES	NO

I (*PRINT APPLICANTS NAME*) \_\_\_\_\_, hereby depose and state, under penalty of perjury, 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 the application or attachment may be investigated and any false or dishonest answer to any question in this application or attachment may be grounds for denial or revocation of a Private Investigation Company license.

I further understand I cannot operate a private investigation company until I have received a license issued by the Regulation and Licensing Department.

Having made application with the Regulation and Licensing Department for Private Investigator 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 the authority to conduct any such investigation. I do hereby authorize the release of any and all information that pertains to my work history, any criminal history background information, and/or any other information on general qualifications for fitness to practice as a licensee as requested by this state agency.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

