License Renewal
User Guide

Version: 01.01.2022

Ohio Department of Public Safety
Private Investigator Security Guard Services
1970 W. Broad Street
PO Box 182001
Columbus, OH 43218-2001

www.pisgs.ohio.gov
Introduction

The purpose of this user guide is to provide current PISGS license holders who have online access with instructions on how to renew main office licenses, branch office licenses, and qualifying agents using the Renew License online process. If you do not currently have online access, we strongly recommend that you create an online account as soon as possible.

Click on link for instructions [https://pisgs.ohio.gov/links/IDM-General-Instructions.pdf](https://pisgs.ohio.gov/links/IDM-General-Instructions.pdf)

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documents and information required

To renew your license online, you must have a valid User Name and Password to access the PISGS online system. If you do not have online access, please go to page 5, Creating Your Account, for further instructions.

Prior to beginning the Renew License process, make sure all required documents are in electronic format (i.e., .doc, .docx, .PDF, .jpg, .jpeg, or .png format) so they can be uploaded with your license renewal application.

**SOLE PROPRIETOR**

Sole proprietors do not require an Ohio Secretary of State certificate of good standing unless they are structured as a corporation.

Sole proprietors that use a trade name are required to upload a Full Force & Effect/Letter of Good Standing Certificate from the Ohio Secretary of State.

ALL SECRETARY OF STATE CERTIFICATES MUST BE DATED AFTER DECEMBER 1, 2021 To request certificates, call (614) 466-3910 option 1 or request one online at [https://cogs.ohiosos.gov/index.aspx](https://cogs.ohiosos.gov/index.aspx).

Sole proprietors who have employees are required to upload worker’s compensation and unemployment compensation documentation (see below).

**ALL COMPANIES**

All companies require proof of insurance and are required to upload their General Comprehensive Liability Insurance Coverage Acord.

Corporations, LLC, Partnerships, and Sole Proprietors with employees require the following documents to be uploaded:

**Worker’s Compensation** – Questions regarding worker’s compensation are to be directed to the Ohio Bureau of Worker’s Compensation at 800-644-6292 or go to [https://www.bwc.ohio.gov/](https://www.bwc.ohio.gov/)

- **Proof of Coverage** – If you had employees during the previous license year, you must have a BWC certificate of premium payment. (If your workers comp coverage is on your insurance acord, you would upload your insurance acord).
- **Proof of Exemption** – If you had no employees and you were not required to obtain worker’s compensation coverage for the previous license year, you must provide a signed and dated letter on your company letterhead stating no employees were employed from March 1 of the past year through March 1 of the current year.

**Unemployment Compensation** – Please contact the Ohio Department of Job and Family Services (ODJFS) at 614-466-2319 and request to be transferred to Extension 22487 or 22482 or email [UCTaxOhio@JFS.ohio.gov](mailto:UCTaxOhio@JFS.ohio.gov) for the following:

- **Proof of Coverage** – If you had employees and obtained the proper unemployment compensation coverage for the previous license year through the ODJFS, you must upload a current proof of unemployment insurance coverage letter from ODJFS. **Contribution reports are not acceptable.**
- **Proof of Exemption** – If you had no employees during the previous license year, you must upload a current non-liable account letter provided by ODFJS.

**Ohio Secretary of State** – For information on how to request certificates, go to the Ohio Secretary of State website [https://cogs.ohiosos.gov/index.aspx](https://cogs.ohiosos.gov/index.aspx) or call (614) 466-3910 option 1.

Either a current certificate of good standing or full force and effect certificate from the Ohio Secretary of State is required. Corporations and sole proprietors whose business is structured as a corporation would submit a good standing certificate (otherwise sole proprietors do not submit one). Businesses structured as LLC, LP and LLP will submit a full force and effect certificate dated after December 1 of previous year.

**Trade Name**

If you registered a trade name that is different from your company or sole provider name, a full force and effect certificate from the Ohio Secretary of State is required dated after December 1 of the previous year.
General Comprehensive Liability Insurance Coverage
- Insurance Acord – Please upload a copy of your current insurance acord with coverage expiring 4/1/2022 or later. The certificate holder must list the Ohio Department of Public Safety, PO Box 182001, Columbus OH 43218-2001. NOTE: All Branch offices being renewed must be included with their physical address on the acord. See example of Acord at this link: [http://www.pisgs.ohio.gov/PISGS-InsuranceAcordSample.pdf](http://www.pisgs.ohio.gov/PISGS-InsuranceAcordSample.pdf)

Qualifying Agent Photograph
- Each Qualifying Agent must include a color photograph taken within the last twelve months. The photograph should be 600X600 pixels in size, of the individual’s head and shoulders on a plain light colored background. The photo should not include head coverings, dark glasses, or blue tooth. The uploaded photo must be larger than 50 kb and less than 200 kb. For examples of photo tips see links below,
  - General Photo Tips
  - iPhone Photo Tips
  - Android Photo Tips
Creating Your Online Account

If you already have online access to PISGS, skip to page 10

Creating a new user in Identity Manager
Click on: https://services.dps.ohio.gov/IdentityManager
- Click on Register only then follow the prompts

Do not enter email or password at this point

Enter your email address two times and enter the Captcha correctly. Click on Register Button
Here is the confirmation screen

Check your email and click on the link provided

The new account page should be opened with your email id displayed
Fill all the fields. Create a strong password by following all the rules.

Click on **Register** button
- You should be navigated back to PISGS application screen.
- If you live out of state, skip validation, then select Private Inv. Security guard Services from the list.

**Requesting access to a current company**

Select the option shown below and enter your name and the company license number. Click on **Submit New User Request** button.

![Request access to a current company](image)

Company will be notified someone is requesting access.
Forgot password/Troubleshooting

**Note:** The PISGS staff cannot help you with resetting passwords, as Identity Manager is a third party authentication platform. Please use Get Help link from the Login Page that you will always have access to if a password reset is necessary.

From the Login Page click on “Get Help”. The following screen will show, just follow the instructions.
Login

After your registration in Identity Manager is completed, go to www.pisgs.ohio.gov

Select Resources for Licensed companies in the menu

On the next page select Existing Provider Company Log In or click the link https://services.dps.ohio.gov/IdentityManager/Login

And do the following:

1. Enter your User Name (your email address).
2. Enter your Password (created when registering in Identity Manager).
3. Click the Login button.
4. The system will display a company menu screen with various applications listed on the left-hand side (as shown below)
5. Under the PISGS logo you will see company name, license number, license status, license expiration and insurance expiration date.
6. During provider renewal period the provider renewal application status will be shown. If you haven’t yet submitted your license renewal, a message will be in red indicating the number of days remaining until your license expires
1. Click on the **Renew License** selection in the left navigation frame (see above).

2. The system will display the PISGS **Renew License** screen showing your company name, trade name (if you use a trade name), main office license information and all branch offices (if you have branch offices) (example below).
Renew License and Branches

Private Investigator Security Guard Services
Renew License

Company Name: ABCD PISGS Company LLC  Business Type: Corporation

Attention

*** The contact person will be notified if anything is missing or needs corrected. ***
*** Click here to view the License Renewal User Guide ***

<table>
<thead>
<tr>
<th>Main Office (RENEW)</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20212100386593, 123 Main st, Columbus, OH 432350000</td>
<td>03/01/2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Branch Office</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Renew</td>
<td>20212100386920, 123 North Branch, Dayton, OH 454210000</td>
</tr>
<tr>
<td>☐ Let Expire</td>
<td></td>
</tr>
</tbody>
</table>

Main Office
- No action is necessary. The system assumes you want to renew your main office license.

Branch Office (will only display if your company has one or more branch offices)
- The Branch Office licenses Renew radio button is set to renew. If you want a branch office license to expire, click the "Let Expire" radio button and the system will not renew the branch office license. **Please note, any registrants registered to a branch that is selected for "let expire" will also expire, unless they are transferred to another branch before the provider renewal is processed.

Sole Proprietor

```
I affirm that from March 1 of the past year to March 1 of the current year, I conducted business using my legal name (e.g., John Doe) and had no Trade Name. Therefore, I was not required to register with the Ohio Secretary of State.
```

```
From March 1 of the past year to March 1 of the current year, I conducted business under a Trade Name other than my legal name (e.g., John Doe). Therefore, I was required to register the Trade Name with the Ohio Secretary of State (see Ohio Secretary of State section to upload a Full Force & Effective certificate).
```

- If you are a sole proprietor and you do not use a trade name, the system recognizes that you do not use a trade name and automatically selects the first radio button.
- If you are a sole proprietor and you use a trade name, you will click the box to the left of the second statement and you will have to upload a Full Force and Effect Certificate from the Ohio Secretary of State dated after December 1, 2021. To request a certificate call (614) 466-3910 option 1 or go to https://cogs.ohiosos.gov/index.aspx.
Worker's Compensation

- If you had employees during the previous license year, you will click the radio button to the left of the first statement. If you had no employees, you will click the radio button to the left of the second statement. **Regardless of which choice you make, you must upload proof of coverage or exemption to support your choice.** NOTE: A sole proprietor can upload a letter on their company letterhead stating they had no employees during the previous calendar year.

Unemployment Compensation

- If you had employees during the previous license year, you will click the radio button to the left of the first statement. If you had no employees, you will click the radio button to the left of the second statement. **Regardless of which choice you make, you must upload proof of coverage or exemption document provided by ODJFS to support your choice.**

Ohio Secretary of State

- A corporation or sole proprietor whose business is structured as a corporation, please upload a certificate of good standing OR a full force & effect certificate for the company name (see Ohio Secretary of State under Required Documents Guidelines). Businesses structured as LLC, LP and LLP will submit a Full Force and Effect Certificate instead of the good standing certificate. Certificates must be current (dated after December 1, 2021). To request a certificate, call (614) 466-3910 or request one online at: [https://cogs.ohiosos.gov/index.aspx](https://cogs.ohiosos.gov/index.aspx).

Businesses using a trade name need to provide a Full Force and Effect Certificate from the Ohio Secretary of State dated after December 1, 2021. To request a certificate call (614) 466-3910 or go to [https://cogs.ohiosos.gov/index.aspx](https://cogs.ohiosos.gov/index.aspx).
General Comprehensive Liability Insurance Coverage

<table>
<thead>
<tr>
<th>Insurance Company Information</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Agent First Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Initial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Agent Last Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Company Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My insurance company</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Company Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suite/Apt #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address Line 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip + 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company Phone #</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Policy Information

Enter information below to match the Acord certificate. Click Here to see an example of an Acord.

<table>
<thead>
<tr>
<th>Policy #</th>
<th>Effective Date</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occurrence Limit</th>
<th>Aggregate Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Insurance Acord Document

Please upload a copy of your current Insurance Acord with The Ohio Department of Public Safety, PISGS PO Box 182001, Columbus, OH 43219 listed as the certificate holder.

**NOTE:** ALL BRANCH OFFICES MUST BE LISTED ON THE INSURANCE ACORD.

- All companies are required to upload a copy of their current insurance Acord with PISGS listed as the certificate holder. All branch office addresses being renewed must appear on this insurance Acord in the description of operations box. If the parent company address is listed as the insured and is different than the Ohio main office location, the Ohio address must be listed in the description of operations box on the acord. The Current Insurance Acord (insurance expiration must be dated after 4/1/22) with certificate holder listed as:

  Ohio Department of Public Safety, PISGS, PO Box 182001, Columbus OH 43218.
### Qualifying Agent

**PLEASE UPDATE ANY QA INFORMATION THAT MAY HAVE CHANGED**

By submitting this application you are verifying that each Qualifying Agent listed below:

- Meets all of the prerequisites identified in statute and rule.
- Has not been convicted of a felony in the past 3 years.
- I authorize PISGS to enroll the individual(s) in the retained applicant fingerprint database (RAPBACK) and, as a result, I understand PISGS will continually monitor criminal history for any new arrest information.

- I attest that all of the information I have provided is true and accurate to the best of my knowledge. I understand that if I knowingly make a false statement on this application, I may be subject to criminal prosecution, and potential disciplinary action, including the denial, suspension, or revocation of my license.

**Must Select YES or NO for each QA**

<table>
<thead>
<tr>
<th>Qualifying Agent(s)</th>
<th>RENEW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce H Banner QA</td>
<td></td>
</tr>
</tbody>
</table>

**Personal Information**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Initial</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Social Security Nbr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce</td>
<td>H</td>
<td>Banner</td>
<td></td>
<td>XXX-XX-2222</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address (No PO Boxes)</th>
<th>Suite/Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip + 4</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Marvel st</td>
<td>22</td>
<td>New York</td>
<td>Ohio</td>
<td>43233-0000</td>
<td>Hamilton</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Phone</th>
<th>Secondary Phone</th>
<th>Email Address</th>
<th>Birth Date</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>(333-333-3333</td>
<td>(222)-222-2222</td>
<td>brucebanner@abc@pigslist</td>
<td>01/01/1979</td>
<td>A</td>
</tr>
</tbody>
</table>

**Height** | **Weight** | **Hair Color** | **Eye Color** | **Hire Date** | **Original Issue Date** | **Expiration Date**
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6 ft</td>
<td>200 lbs</td>
<td>Brown</td>
<td>Blue</td>
<td>03/01/2015</td>
<td>03/26/2021</td>
<td>03/01/2022</td>
</tr>
</tbody>
</table>

**Hulk color**

Are you or your spouse a veteran or active member of the United States Armed Forces? 
If yes, please upload your or your spouse’s DD214, current military ID, or orders.

- **Self**

- **Spouse**

**Are you currently a commissioned peace officer, parole officer, prosecuting or assistant prosecuting attorney, corrective employee, youth services employee, firefighter, EMT, probation officer, bailiff, or an investigator of the bureau of criminal investigation?**

- **Yes**

- **No**

**Must upload new different photo than last year’s photo**

If this person is out of the country on military deployment contact PISGS. *Required*

**New Photo** | **Last year’s Photo**
|---------------|-------------------|

- **Choose File** | **No file chosen** | **Last Uploaded: 3/26/2021**

**General Photo Tips**

- **iPhone Photo Tips**
- **Android Photo Tips**

**TRANSACTIONS ARE NOT COMPLETE UNTIL THE FEES ARE PAID VIA THE TRANSACTION CART.**

- All companies must renew at least one (1) qualifying agent. If you don’t renew at least one qualifying agent, the system will not allow you to renew your license.
- Each qualifying agent will be displayed. If you choose not to renew one, you must select the “No” radio button. If you select “No” the qualifying agent will not be renewed.
- You may change any information on this screen that is not disabled. For example, the QA’s name, social security number and birth date are disabled, but the address, phone numbers, email address, etc. are enabled.
- You must upload a passport style photo of the qualifying agent, not more than one year old, that conforms to the standards under the Required Documents Guidelines section. The format must be either a .jpg, .jpeg, or .png format.
• When you are finished with the renewal process, make sure you click the **Add To Cart** button.

• Hitting the **Save** button will save uploaded documents, in case you need to come back to the application later. After hitting the SAVE button, you will see the date the document was last uploaded. To change or replace a document, you must always hit the SAVE button again.

• If you click the **Exit** button without saving, you will have to re-start the renewal process from the beginning.
Transaction Cart

After hitting the “Add to Cart” button, the system will automatically take you to the transaction cart to pay the fees.

Click the box to the left of the Renew License transaction. A check (√) mark will be displayed in the box. If you do not pay, the application will disappear from cart after 14 days.

To remove a transaction, selecting the remove button will delete the application and all fees associated, so you will need to start all over.
Select Payment Type

Payment

Select a payment method

Credit Card or Debit Card

Card number *
Expiration date *
Security code *
Name on card *
Email address *
Phone *
Billing address *

Bank Account (e-check)

By clicking the "Review Payment" button, you agree to pay the credit/debit card service fee of $5.46. About the service fee.
Pay by Credit Card

If you selected “Credit Card” as your method of payment, the following screen will be displayed:
Review and Pay

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>App #345706 - Provider Renewal</td>
<td>$275.00</td>
</tr>
<tr>
<td>App #346799 - QA Renewal</td>
<td>$5.00</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$280.00</strong></td>
</tr>
</tbody>
</table>

**Payment Details**

- **Visa Card**
- **Visa ending in 1111**

- **Service Fee**: $5.46
- **Total**: $285.46

By clicking the "Submit Payment" button, you agree to pay the credit/debit card service fee of $5.46. [About the service fee.]
Pay by Personal Check

If you selected “Bank Account” as your method of payment, the screen on the following page will be displayed:

- **Routing number**: [Enter routing number]
- **Account number**: [Enter account number]
- **Check number**: [Enter check number]
- **Name on account**: [Enter name]
- **Email address**: [Enter email]
- **Phone**: [Enter phone]
- **Billing address**: [Enter street, city, state, and postal code]
- **This account is**: [Select Personal or Business]

* Indicates a required field
**YOUR LICENSE RENEWAL IS NOT CONSIDERED IN "RENEWING" STATUS UNTIL IT IS PAID FOR**

The system will display a Confirmation Information screen displaying the information used to make your payment.

---

**Confirmation Receipt**

Thank you for your payment.

An email confirmation will be sent to dfh@hotmail.com.

---

**Order Summary**

<table>
<thead>
<tr>
<th>Confirmation number</th>
<th>Payment date</th>
</tr>
</thead>
<tbody>
<tr>
<td>T3862250H53X</td>
<td>Jan 3, 2023 11:46 AM</td>
</tr>
</tbody>
</table>

**Company Name**

- App #346669 - Provider Renewal  
  $275.00

- App #345802 - QA Renewal  
  $5.00

**SubTotal Service Fee**  
$280.00  
$5.46

**Total**  
$285.46

---

Do not exit, until you are redirected back to the PISGS database (see below):

---

**Private Investigator Security Guard Services Application Payment Confirmation**

<table>
<thead>
<tr>
<th>Name</th>
<th>ABCD PISGS Company LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>123 Main St</td>
</tr>
<tr>
<td>City</td>
<td>Columbus</td>
</tr>
<tr>
<td>State</td>
<td>OH</td>
</tr>
<tr>
<td>Zip Code</td>
<td>43235000</td>
</tr>
<tr>
<td>Phone #</td>
<td>6141111111</td>
</tr>
<tr>
<td>Email Address</td>
<td>companyemail@abcgǳgs.com</td>
</tr>
<tr>
<td>Total Payment</td>
<td>$285.46 (includes Service Fee of $5.46)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name on Application</th>
<th>App Type</th>
<th>Status</th>
<th>App ID</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABCD PISGS Company LLC</td>
<td>Renew License</td>
<td>Paid</td>
<td>389621</td>
<td>275.00</td>
</tr>
<tr>
<td>ABCD PISGS Company LLC</td>
<td>Renew Branch</td>
<td>Paid</td>
<td>389622</td>
<td>0.00</td>
</tr>
<tr>
<td>Bruce Banner</td>
<td>Renew QA</td>
<td>Paid</td>
<td>389623</td>
<td>5.00</td>
</tr>
</tbody>
</table>

View Receipt as PDF
If for some reason your screen does not contain all the information, please contact PISGS for a copy.

When you are logged into PISGS, you can see the status of your license renewal on your home page as shown below:

![License Renewal Status]

ABCD PISGS Company LLC
Company License: 20212100386593
License Status: Renewing
Expiring 03/01/2022

LICENSE RENEWAL APPLICATION SUBMITTED
Insurance expires on 1/1/2023
The above screen shows the application was returned for corrections. Click on “select” to view the application and to see why it was returned. The reason will be highlighted in yellow as shown below:

Once corrections are made, select the resubmit button at the bottom on the page. PISGS will review the application again. If something is still not correct, PISGS will send another email.