

Private Investigator Security Guard Services Ohio Department of Public Safety <u>www.pisgs.ohio.gov</u>

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Create an Online Account

If you already have online access to the PISGS database, please skip to page 7.

- 1. Follow this <u>link</u> to create on online account.
- 2. Select, "Register!" and follow the prompts provided.

	ODPS Identity Manager Single sign-on for the Ohio Department of Public Safety
🖴 Sign In	
Sign in to con	tinue to Private Investigator Security Guard System
Email	
Password	
Log in	Having trouble logging in? Get Help! Don't have an account yel <mark>? <u>Register!</u></mark>

3. Enter and confirm your email address as well as the text from the image, then select, "Register".

ODPS Identity Manager Single sign-on for the Ohio Department of Public Safety
▲ Registration
To get started, we will need to confirm your Email Address. You will be emailed instructions to complete your registration. Email Address
youremai@youremail.com
Your Email Address must not be shared with other employees/individuals. You are personally responsible for all actions taken by this account.
Confirm Email Address
youremai@youremail.com
Please enter the text from the image below
TPLT9X
TPET9X
Not receiving an email? <u>Click here</u>
Cancel Register
K

4. You will be redirected to the confirmation screen below.

	ODPS Identity Manager Single sign-on for the Ohio Department of Public Safety
🔒 Registra	tion Successful
You have be Return to	en sent an email with instructions to complete your registration.

- 5. A link to complete your registration will be sent to the email address provided. When you receive this, please follow the link.
- 6. You will be directed to the page below. Please fill in all fields and create a password. Once you have completed these steps, select, "Register".

communecount	
ease complete the following form to reg	ster your account with the Ohio Department of Public Safety.
Email Address	Youremail@youremail.com • Your Email Address must not be shared with other employees/individuals. • You are personally responsible for all actions taken by this account.
Password	
Confirm Password	
	Your password must be at least 8 characters. Your password must contain at least one number. Your password must contain at least one letter. Your password may contain only the following special characters: I @ # \$ %
ease select three (3) different security question and you must provide the correct Question 1	estions and provide the respective answers. Should you need to reset your password, you will be asked one randomly selected answer in order to verify your identity.
ase select three (3) different security q estion and you must provide the correc Question 1 Answer 1	estions and provide the respective answers. Should you need to reset your password, you will be asked one randomly selecte answer in order to verify your identity. - Select
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esse select three (3) different security q estion and you must provide the correct Question 1 Answer 1 Question 2 Answer 2 Question 3 Answer 3	vestions and provide the respective answers. Should you need to reset your password, you will be asked one randomly selecte - Select

- 7. Once you select, "Register", you will be redirected to the PISGS application screen.
- 8. To request access to a currently licensed company, select the option shown below and enter your name and the company license number. Then select, "Submit New User Request".

Privat New U	te Investigator Security Guard Services Iser Validation / New Company	
New Identity Mana	ger ID: YourEmail@Domain.com	
I want to log in as	A new or existing PISGS User requesting access to a company A new PISGS user requesting to create a new Company	
Request access	to a company as a new PISGS user	
First Name	YourFirstName	
.ast Name	YoutLastName	
	Submit New User Request	

9. The company contact will be notified someone is requesting access. They will be able to confirm or deny your request for access.

Reset a Password

PISGS staff are unable to reset passwords. Please select, "Get Help" if you are having issues resetting a password. If you do not need to reset a password, please skip to <u>page 7</u>.

- 1. From the Login Page select "Get Help".
- 2. You will be redirected to the screen below.
- 3. Select your concern and follow the instructions provided.



Required Documents

Prior to renewing your license, please ensure the required documents are in electronic format (i.e., .doc, .docx, .PDF, .jpg, .jpeg, or .png format).

□ Ohio Secretary of State Certificates

- Either a current Certificate of Good Standing or Full Force and Effect Certificate from the Ohio Secretary of State is required. These must be dated after December 1, 2024.
- To request a certificate, please contact the Ohio Secretary of State's Office by phone, (614) 466-3910 (option 2), or visit their <u>website</u>.
 - Sole Proprieters do not require either certificate unless they are structured as a Corporation or registered with a trade name.
 - Corporations and Sole Proprietors whose business is structured as a Corporation must submit a Certificate of Good Standing.
 - Businesses structured as an LLC, LP or LLP must submit a Full Force and Effect Certificate.
 - Businesses, Corportaions or Sole Proprietor's that registered Trade Name, must submit a Full Force and Effect Certificate.

General Comprehensive Liability Insurance

- Proof of General Comprehensive Liability Insurance Coverage is required for all licensees.
- Please upload a copy of your current insurance acord with coverage expiring on or after April 1, 2025.
- The certificate holder must list:
 - Ohio Department of Public Safety
 - PO Box 182001

Columbus, OH 43218-2001

- All Branch offices being renewed must be included with their physical address on the acord.
- o See example of Acord at this link: <u>http://www.pisgs.ohio.gov/PISGS-InsuranceAcordSample.pdf</u>

□ Worker's Compensation Documents

- The Ohio Bureau of Worker's Compensiton can be contacted by phone, 800-644-6292, or visit their <u>website</u>.
- All licensees must upload one of the following:
 - Proof of Coverage
 - If you had employees during the previous license year, you must have a BWC certificate of premium payment.
 - If your worker's compensation coverage is included on your insurance acord, you should upload your insurance acord. This applies to out of state companies only.
 - Proof of Exemption
 - If you did not have 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, 2024, through March 1, 2025.

□ Unemployment Compensation Documents

The Ohio Department of Job and Family Services (ODJFS) can be contacted by phone, (614) 466-2319.
 You will then select "Option 3" and "Option 3" again. This will either place you in a call queue or allow you to schedule a return call from the agency (Eastern Time). You can also contact them online via a ConnectOhio request here. Under "Your Inquiry", there is a field, "Please choose the category that best

matches why you are contacting us." In the dropdown menu, please select, "Private Investigative Letter Request".

- All licensees must upload one of the following:
 - Proof of Coverage
 - If you had employees and obtained the proper unemployment compensation coverage for the previous license year through ODJFS, you must upload a current proof of unemployment insurance coverage letter from ODJFS.
 - Contribution reports will not be accepted.
 - Proof of Exemption
 - If you did not have employees during the previous license year, you must upload a current non-liable account letter provided by ODFJS.

Renew Main/Branch Licenses

- 1. Visit the <u>PISGS website</u>.
- 2. Select, "Licensed Company Resources" in the left-hand menu.
- 3. When you are redirected, scroll down and select, "PISGS Online Services"
- 4. Enter your username and password and select "Login".
- 5. You will be redirected to the PISGS Database where you will see the company menu screen with various applications listed on the left-hand side.
- 6. Under the PISGS logo, you will see company name, license number, license status, license expiration and insurance expiration date.
- 7. During provider renewal, the provider renewal application status will be shown. If you haven't yet submitted your license renewal, a message in red will indicate the number of days remaining until your license expires.
- 8. Select, "Renew License", in the left navigation frame.



9. The system will display the PISGS Renew License screen showing your company name, trade name (if applicable), Main Office license information and any Branch Offices (if applicable).

Private Invest Renew License	tigator Security Guard Ser	vices	
Company Name: ABC	D PISGS Company LLC	Business Type:	Corporation
*** The of Main Office (RENEW)	contact person will be notified if any *** Click here to view the Licens	thing is missing or needs correct se Renewal User Guide ***	Expiration Date
Branch Office	olumbus, OH 432350000		Expiration Date
● Renew ○ Let Expire	20232100492340, 1352 Second St,	Anywhere City, OH 455020000	03/01/2024

- 10. If renewing the **Main Office**, no action is necessary. The system automatically assumes you want to renew your Main Office license.
- 11. If you would like to also renew any **Branch Offices** (if applicable), the "Renew" button will automatically be selected. If you would like to let your Branch Office license expire, select, "Let Expire". 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.
- 12. You will then be asked to upload a series of documents. Please refer to Page 7 to determine which document you will need for renewal.

THE PARTY OF	111201	000	n 11 o 1
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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	Selec	TYES	NO for each	QA						
Bruce Banner	QA	RE	NEW	?	• Ye	es O No							
Personal Information													
First Name			Initial	La	st Name				Suff	fix	Social S	ecurity Nb	r.
Bruce				Bar	nner				S	R	XX	X-XX-2345	
Home Address (No PO	Boxes)*	S	uite/Ap	t. #	City*			State *		Zip	+ 4*	County*	
123 Marvel st		33	33		New Yo	rk		Ohio	~	4323	33-0000	Hamilton	~
Primary Phone *	Secondary	Phone	Em	ail Ac	Idress *					Bir	th Date	Class	
(333)-333-3333			bru	cebar	ner@ab	cdpisgs.com				0	1/01/1979	9 A	
Height	Weight	Hair Co	olor	Eye	Color	Hire Date	Or	iginal Is	sue Da	ate	Expi	iration Date	8
6 🗸 (ft) 6 🖌 (in)	200	Brown	*	Blu	e 🗸	07/18/202	23	07/1	8/2023	3		03/01/2024	I
Distinguishing scars,	marks, tattoo	os											
Are you or your spouse a If yes, please upload you	veteran or a	ctive men	ber of t	the Ur	ilitary ID	es Armed Forc	es?						
Self													
Spouse													
Public Records Exen	nption												
Are you currently a comr attorney, correctional em or an investigator of the I	nissioned pea ployee, youth bureau of crin	ace officer services ninal inves	parole employ stigation	office ee, fir 1?	er, prosec efighter, l	uting or assista EMT, probation	officer,	ecuting bailiff,	Ye	s 01	No		
Documentation Ch	noose File	lo file cho	sen		*		View						
Photo is optional. Passp face visible, taken within	ort-compliant the last year	t photo pro	eferred pitized fi	(plain le in j	light-col pg/jpeg/p	ored backgrour ng format).	nd, appli	cant's ful	II Ne	w Pho	oto	Last year's	Photo
Choose File No file of General Photo Tips Phone Photo Tips Android Photo Tips	Must Select YES or NO for each QA QA RENEW?	(F	2										

Exit Save Add To Cart

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

- 13. All companies must renew at least one qualifying agent. If you don't renew at least one qualifying agent, the system will not allow you to renew your license.
- 14. Each qualifying agent will be displayed. If you choose not to renew one, you must select the "No" button.
- 15. 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.
- 16. You may upload a passport style photo of the qualifying agent, not more than one year old, that conforms to the PISGS standards (see <u>Page 7</u>). The photo must be a .jpg, .jpeg, or .png format.
- 17. When you are finished with the renewal process, select, "Add to Cart".
- 18. Selecting, "Save", 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.
- 19. If you select, "Exit", without saving, you will have to re-start the renewal process from the beginning.

Transaction Cart

- 1. After selecting, "Add to Cart", the system will automatically take you to the transaction cart to pay the fees.
- 2. Select the check box and select "Pay Fees". If you do not complete payment, the application will disappear from cart after 14 days.

Pi Tr	rivate Investigator ansaction Cart	Security G	uard	Services				
To remove a transa Click on the Select Click on the PAY F	action from the Transaction Ca I box to the left of the transactio EES button to pay the transact	rt, click on the REMC ons to be processed (ion fees you have se	VE butto (transacti lected.	on and click "Ye ons not selecte	s" on the confirmation box. Id will be removed on the Expiration	ation Date)		
All tra	ansactions <u>MUST</u> be paid	l prior to the tra	nsactio	n expiration	date; if not, they will be	removed from th	ie Cart.	
Main Cart								
Select All	Added By / Selected For Payment By	Transaction Type	Status	Expire Date	Name	License/ Registration #	Fee	
	tsfoster@dps.ohio.gov	Renew License	Unpaid	03/01/2024	ABCD PISGS Company LLC	20232100492316	\$280.00	Remove
						Total	\$0.00	
	A disabled or That transaction has	un-clickable or g been selected b	irayed (y anoth	out select cl ner user and	heckbox indicates the fol is in the process of mak	lowing: ing a payment		
		Clear	P	av Fees	Fxit			

3. To remove a transaction, select "Remove" and the application will be deleted.



×

5. Select your perferred payment type: card (credit or debit) or bank account (ACH).

Credit Card o	r Debit Card		We accept the followin	g card
Card number *				
Expiration date *	mm/yy			
Security code *		3		
Name on card *				
Billing address *	Street			
	City		Select a state	
	Postal Code	United Sta	ates	
	* Indicates a requi	ired field		
Bank Account	t (e-check)			
PayPal				
Google Pav				GPa

Confirmation Receipt

Your license renewal is not considered in renewing status until it is paid for.

1. Once you complete payment, you will be redirected to a confirmation page with receipt of payment.

Shopping cart >	Review and submit payment > (a) Payment receipt	
	Thank you for your payment. An email confirmation will be sent to dfh@hotmail.com.	
	Confirmation number Payment date 72802230438 Jan 2, 2020 11:48 AM	Print receipt
	Order Summary	
	Company Name - App #345659 - Provider Renewal	\$ 275.00
	Qualifying Agent - App #345802 - QA Renewal	\$ 5.00
	Subtotal Service Fee	\$ 280.00 \$ 5.46
	Total	\$ 285.46

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

Private Applicat	Investigato ion Payment	r Security Guar Confirmation	d Services				
Name:	ABCD PISGS Company LLC						
Address	123 Main st						
City/:	Columbus						
itate: OH							
Zip Code:	432350000						
Phone #: 614111111							
Country:							
Email Address:	ress: companyemail@abcdpisgs.com						
Total Payment: \$285.46 (Includes Service Fee Of \$5.46)							
Receipt Number:	9967210085789						
Name on Application		Арр Туре	Status	App ID	Fee		
ABCD PISGS Company LLC		Renew License	Paid	389621	275.00		
ABCD PISGS Company LLC		Renew Branch	Paid	389622	0.00		
Bruce Banner		Renew QA	Paid	389623	5.00		
		View Recei	pt as PDF				

- 3. If you are not provided with a receipt, please contact PISGS for a copy.
- 4. When you are logged into PISGS, you can see the status of your license renewal on your home page as shown below:



5. The screen below shows the application was returned for corrections. Select, "Select", to view the corrections needed, which will be highlighted in yellow.





6. Once corrections are made, select "Resubmit". PISGS will review the application approve or return for further corrections.

Contact PISGS

Mailing Address:

PISGS PO Box 182001 Columbus, OH 43218-2001

Phone: (614) 466-4130

Email: pisglr@dps.ohio.gov

Website: <u>www.pisgs.ohio.gov</u>