



Private Investigator Security Guard Services  
**PROVIDER COMPANY APPLICATION USER GUIDE**

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# Provider Company User Guide

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

<http://publicsafety.ohio.gov>

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<b>Acronym</b>	<b>Meaning</b>
BCI	Bureau of Criminal Investigation
FAB	Firearm Bearer
FBI	Federal Bureau of Investigation
ODJFS	Ohio Department of Job & Family Services
OPOTC	Ohio Peace Officer Training Commission
PISGS	Private Investigator Security Guard Services
QA	Qualifying Agent

### Introduction


This user guide provides the reader with information on how to use the applications presented in this document. Only an authorized user should have access to these online software applications.

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

### Company Selection Screen

An authorized user with access to multiple companies will see the **Company Selection** screen (see below) immediately after logging in to the system. This screen allows the user to select the company they want to work with.

Log off



**Private Investigator Security Guard Services  
Company Selection**

Select from the companies listed below:

	Company Name	License Number
Select	ABC COMPANY LLC	2013210012345
Select	JOHN DOE SECURITY LLC	95121154216
Select	MONROE PRIVATE INVESTIGATIONS INC	2004210075421

If you click on the **Select** button of the company you want to work with, or you are a user with access to only one (1) company, the following screen is displayed. For example, you either selected the ABC COMPANY LLC from the **Company Selection** screen above or you only have access to the ABC COMPANY LLC, the following company **Home Page** screen for ABC COMPANY LLC (2013210012345) is displayed.

**Current Provider:**  
2013210012345

**General**  
Home Page  
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Authorized Users  
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**Registrant**  
Search  
Add Registrant  
Renew Registrant  
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**FAB**  
Add/Requalify Firearm

**Qualifying Agent**  
Update QA  
Add Qualifying Agent

**Provider**  
Add Branch  
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Update Provider Info.  
Update Insurance Info

**Transaction**  
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**Reports**  
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Log off



ABC COMPANY LLC (2013210012345)

### View Announcements Screen

The View Announcements screen is used to inform you of new software applications that are currently available or will be available in the future. It is also used to announce changes to existing software applications. It may be used for other communications about PISGS. Please note that this is a one-way communications tool from PISGS to you, the licensed company. If you need to contact PISGS, call (614) 466-4130 or send an e-mail to [pisglr@dps.ohio.gov](mailto:pisglr@dps.ohio.gov).

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**Qualifying Agent**  
Update QA  
Add Qualifying Agent

**Provider**  
Add Branch  
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Update Insurance Info

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ABC COMPANY LLC (2013210012345)

### Authorized Users Screen

The Authorized Users screen displays a list of all users in your company who have access to your applications.

If there are users who should not have access to these applications, it is your responsibility to inform PISGS. It is also important to inform us when a user has been terminated. We need this information to protect your files from access by unauthorized individuals. Please send a written request signed by a QA with names of individuals who should be removed.

To add a user, please send the *Authorization for Online Access* form (PSU0021) to PISGS. This form and additional instructions is available on the PISGS home page (<http://www.pisgs.ohio.gov/>). This form must be signed by the QA.

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Add Qualifying Agent

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ABC COMPANY LLC (2013210012345)

Clicking on the **Authorized Users** selection will display, for example, the following Authorized Users list.



**Private Investigator Security Guard Services**  
**Authorized Users**

<b>Company</b>	YOUR COMPANY NAME (12345678901)
<b>Trade Name</b>	YOUR TRADE NAME (if applicable)

Number Of Users: 1

User Name	Email Address
JOHN DOE	jdoe@dps.state.oh.us

**Search Screen**

The Search screen is used to search for individuals registered in your organization.

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When you click the **Search** selection, the following **Registrant Search** screen will display.

 **Private Investigator Security Guard Services**  
**Registrant Search**

**Company Name:** YOUR COMPANY NAME (12345678901)

<< Select All or Main Office or Branch Office or any combination. >>

**Main Office**

1234 YOUR MAIN OFFICE ADDRESS, CITY, STATE, ZIP CODE -- (12345678901)

**Branch Office**

5678 FIRST BRANCH OFFICE ADDRESS, CITY, STATE, ZIP CODE -- (23456789011)

7899 SECOND BRANCE OFFICE ADDRESS, CITY, STATE, ZIP CODE -- (34567890112)

5522 THIRD BRANCH OFFICE ADDRESS, CITY, STATE, ZIP CODE -- (456456789011)

9524 FOURTH BRANCH OFFICE ADDRESS, CITY, STATE, ZIP CODE -- (62355678901547)

The Main Office and all Branch Office check boxes automatically contain a check (√) mark and the system will search all offices for the registrant you are searching for. To limit your search to a smaller group of offices, click on the check box to remove the check (√) mark. This will eliminate this office from being included in the search. You can have any combination of check (√) marks to perform a search. Remember, if the office is checked (√), it will be searched.

If you click the **Select All Offices** button, the system will automatically place a check (√) mark in all of the boxes and all offices will be searched. Clicking the **Clear All Offices** button will remove the check (√) marks from all of the boxes allowing you to select the offices you want to search.

To search for a registrant, you may enter the individual's last name, first name, SSN (social security number), registration #, date of birth, or any combination of these. You will note that when you enter the SSN the numbers will not be displayed. As you enter the SSN number you will see X's appearing in the box rather than the numbers you enter. This is a security feature that prevents individuals from seeing the numbers you are entering.

Clicking the **Search** button will display all matching records for the search criteria entered. You can click the **Clear All Criteria** button to enter new search criteria.

Last Name:	neuman
First Name:	
SSN:	
Registration #:	
<input type="button" value="Search"/> <input type="button" value="Clear All Criteria"/>	

<b>Registrant List</b>									
<b>Number of Registrants:</b>		1							
Name	Registration #	SSN	Status	Cls	Hire Date	Expires	FAB	License #	
Neuman, Alfred E	20161100162711	XXX-XX-1234	APR	C	06/30/2011	03/04/2017	NO	65199667149	

Clicking on the registrant's name or registration # will display more detailed information (see below).

<b>Company Name</b>					
YOUR COMPANY NAME (12345678901)					
<b>Registration #:</b>		201121152426			
<b>Personal Information</b>					
<b>First Name</b>		<b>Initial</b>	<b>Last Name</b>		<b>Suffix</b>
ALFRED		E	NEUMAN		None ▾
<b>SSN</b>	<b>Primary Phone #</b>	<b>Secondary Phone #</b>	<b>Email Address</b>		
XXX-XX-1234	(555) 555-1234				
<b>Height</b>		<b>Weight</b>	<b>Hair Color</b>	<b>Eye Color</b>	<b>Class</b>
5 ▾ (ft)	5 ▾ (in)	165 (lbs)	Brown ▾	Hazel ▾	C ▾
<b>Birthdate</b>		<b>Hire Date</b>	<b>Issue Date</b>	<b>Expiration Date</b>	
08/26/1987		06/30/2011	07/15/2011	07/15/2014	
<b>Distinguishing scars, marks, tattoos</b>					
TATTOO OF EAGLE ON CHEST. BUTTERFLY ON LEFT WRIST. SHAMROCK BETWEEN RIGHT THUMB & INDEX FINGER.					
<b>Current Home Address</b>					
<b>Home Address</b>					<b>Suite/Apt #</b>
1234 HIGH STREET					APT # 23
<b>City (no abbreviations)</b>			<b>State</b>	<b>Zip + 4</b>	<b>County</b>
AKRON			Ohio ▾	44146-4146	Cuyahoga ▾
<b>Documents (2" x 2" digitized photo.)</b>					

Clicking the **Print** button will print a copy of this screen to your local printer.  
 Clicking the **Exit** button will return you to the **Registrant Search**.



## Add Registrant Screen

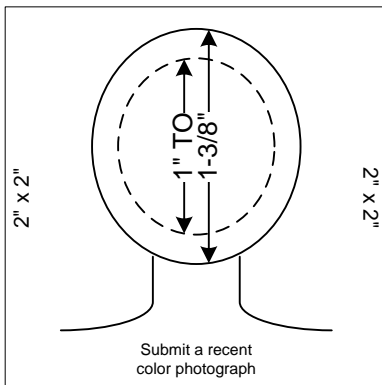
Use the **Add Registrant** selection to add new registrants to your main office or branch office roster.

Prior to beginning the Add Registrant process, you will need a color photograph of the new registrant. The photograph must be in electronic format (i.e., jpg or jpeg) so it can be easily uploaded during the add registrant process. **The photograph is required to add a new registrant.**

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

### Registrant Photo

- Each Registrant Application must include a color photograph according to the following:



The color photograph must be of the individual alone, sufficiently recent to be a good likeness (taken within the last twelve months), and 2x2 inches in size. The image size measured from the bottom of the chin to the top of the head (including hair) should not be less than 1 inch and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of the face, **and a plain light (white or off-white) background**. The photograph must be taken **without a hat, head covering, or dark glasses**. Headphones, "Bluetooth", or similar devices must **not** be worn in photographs. Any photographs retouched so that the appearance is changed will not be accepted. Snapshots, most vending machine prints, and magazine or Full-length photographs will not be accepted. Digitized photos must meet the previously stated qualifications and will be accepted at the discretion of PISGS. The uploaded photo must be less than 200kb and larger than 50kb.

### Firearm Bearer (FAB) Notation

If the registrant will be carrying a firearm as part of their duties, the following documents will have to be in electronic format (i.e. MS-Word or PDF) and ready to be uploaded with the registrant application.

If the registrant is currently a commissioned peace officer, the following documents will be needed:

- OPOTC (Ohio Peace Officer Training Commission) Peace Officer Basic Training certificate.
- A copy of their most recent score sheet.

If the registrant is not a commissioned peace officer, the following document will be needed:

- OPOTC (Ohio Peace Officer Training Commission) Private Security Firearms Training certificate.

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Update QA  
Add Qualifying Agent

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Add Branch  
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ABC COMPANY LLC (2013210012345)

When you click the **Add Registrant** selection, the following **Registrant Application** screen will display.



**Private Investigator Security Guard Services  
Registrant Application**

<< BY SUBMITTING THIS APPLICATION YOU ARE VERIFYING THAT THIS INDIVIDUAL MEETS ALL OF THE PREREQUISITES >>  
<< IDENTIFIED IN STATUTE AND RULE AND HAS NOT BEEN CONVICTED OF A FELONY IN THE PAST 5 YEAR >>

Company Name:

Select from the dropdown list below, the office where this person will be employed.

Personal Information						
First Name *	Initial	Last Name *	Suffix			
<input type="text"/>	<input type="text"/>	<input type="text"/>	None			
SSN *		Birthdate *				
<input type="text"/>		<input type="text"/>				
Primary Phone #	Secondary Phone #	Email Address				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Height *	Weight *	Hair Color *	Eye Color *	Hire Date *	Class	
Select (ft) Select (in)	<input type="text"/> (lbs)	Select..	Select..	<input type="text"/>	...	
Distinguishing scars, marks, tattoos						
<input type="text"/>						
Ohio BCI Fingerprints			Authentication #			
<input type="text"/>			<input type="text"/>			
Current Home Address						
Home Address *					Suite/Apt #	
<input type="text"/>					<input type="text"/>	
City (no abbreviations) *		State	Zip + 4 *	County *		
<input type="text"/>		Ohio	<input type="text"/>	Select..		
Veteran Information						
Are you or your spouse a veteran or active member of the United States Armed Forces? If yes, please upload you or your spouse's DD214, current military ID, or current orders.						
<input type="checkbox"/> Self						
<input type="checkbox"/> Spouse						
Public Record Availability						
						<input type="radio"/> Yes <input checked="" type="radio"/> No
FAB Information						
Do you want to add a firearm bearer (FAB) endorsement?						<input type="radio"/> Yes <input checked="" type="radio"/> No
Photo Required						
2" x 2" digitized photo. Photo must be on a white background with the registrant's full face visible (NO headgear) and the photo must be no more than 12 months old. <b>(Must be in .jpg, .jpeg, or .png format)</b>			<input type="button" value="Browse..."/> Click here to use the Passport Website to size/crop an existing photo from your computer			

Transactions are not complete until the fees are paid via the Transaction Cart.

**Required Fields**

Any data field that has an asterisk (\*) to the right of the field name is required and any data field that has a question mark (?) to the right of the field name will tell you the format of the data to be entered.

**Ohio BCI Fingerprints & Authentication #**

All Registrants must have their fingerprints submitted to the Ohio Bureau of Criminal Investigation (BCI) for a background check. When prints are submitted, it should be requested for BCI to send a "direct copy" of the fingerprint results to PISGS. Please enter the date the fingerprints were submitted and the authentication or transaction number obtained from the webcheck location. If you do not have this information, leave these fields blank. If the company has a copy of the fingerprints results, please fax them into PISGS at (614) 466-0342.

**Veterans** (optional)

If they want to tell us if they or their spouse is a veteran or an active member of the United States Armed Forces and you check either the **Veteran** or **Spouse** boxes, or both, the following screen will display allowing you to upload a copy of their DD214 or current military ID. The uploading of the DD214 or military ID is optional.

**Firearm Bearer (FAB) Endorsement**

If the registrant is required to carry a firearm and they have the required training to carry a firearm, you will select the “Yes” response to the question, “Do you want to add a firearm bearer (FAB) endorsement?”

A “Yes” response will display the following screen.

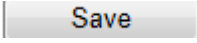
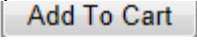
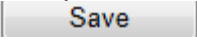
Fab Type	Requalification Due By: ?
Revolver <input type="checkbox"/>	<input type="text"/>
Semi-Automatic <input type="checkbox"/>	<input type="text"/>
Shotgun <input type="checkbox"/>	<input type="text"/>

Answer the question, “Are you currently an Ohio commissioned peace officer?”

You will need to:

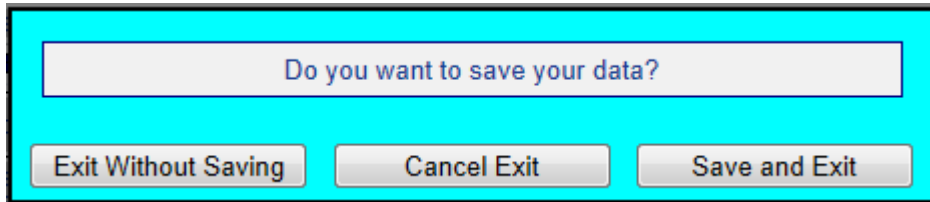
1. Upload a copy of the most recent OPOTC (Ohio Peace Officer Training Commission) certificate (i.e., Private Security Firearms Training or Peace Officer Basic Training certificate).
2. If you answered “Yes” to the question, “Are you currently an Ohio commissioned peace officer?” you will upload a copy of your most recent score sheet.
3. Enter the date the fingerprints were submitted and the authentication number, if available.
4. Check the FAB Type for the firearm (i.e., revolver (R), semi-automatic (A), shotgun (S)) that will be carried. The FAB type will appear on the OPOTC certificate in the lower left-hand corner. For peace officers, the weapon type is listed on the score sheet.
5. Enter the Requalification Due By date for each firearm to be carried. The requalification date for each firearm will appear on the OPOTC certificate in the lower left-hand corner. For peace officers, the qualification date is listed on the score sheet. **Please note that if your firearm Requalification Due By date expires within the next 30 calendar days, the system will not accept the endorsement for that firearm.** We recommend adding the firearm endorsement later after the firearm requalification requirements are completed.

### Save Button

Clicking the  button will save all of your entries and uploaded documents. You should use this button in case you have to step away from your desk. If you click the  button, you do not have to click the  button.

### Exit Button

Clicking the  button will display the following informational message:

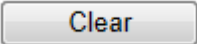


If you click the **Exit Without Saving** button, the system will **not** save any of the data and uploaded documents you entered and the system will return to your company home page.

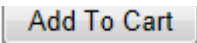
If you click the **Cancel Exit** button, the system will return you to the Registrant Application screen.

If you click the **Save and Exit** button, the system will save all of the data and uploaded documents and return to the company home page.

### Clear Button

Clicking the  button prior to clicking any other button will clear all of the entered data and uploaded documents. Use this button to clear the entire application so you can start over.

### Add to Cart Button

If you click the  button, the system will save the Registrant Application with the associated fee and add the transaction to the Transaction Cart (see Transaction Cart section) for payment of the fee.

### Returned Application

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

There will be occasions when an application is returned to you due to missing documents, information that needs to be corrected, photos that do not meet the PISGS standard or additional information needed by PISGS in order to approve your application. Following is an example of why an application was returned:

#### Reason Application was Returned.

See Highlighted Area Below	Reason Returned
FAB Types	Requalification date does not match date on OPOTC certificate. Please correct.
Photo Required	Photo does not meet user guide standards. Please resubmit according to user guide.

The **Reason Application was Returned** will appear at the top of the returned application. The **See Highlighted Area Below** column directs you to the area of the application that needs to be corrected. The **Reason Returned** column states the reason the application was returned. For example:

<b>Fab Type</b>	Requalification Due By: ?
Revolver <input checked="" type="checkbox"/>	05/14/2015
Semi-Automatic <input type="checkbox"/>	<input type="text"/>
Shotgun <input type="checkbox"/>	<input type="text"/>

**Photo Required**

2" x 2" digitized photo. Photo must be on a white background with the registrant's full face visible (NO headgear) and the photo must be no more than 12 months old.  
 (Must be in .jpg, .jpeg, or .png format)  
 Photo Has Been Uploaded

Click here to use the Passport Website to size/crop an existing photo from your computer

The **Fab Type** section is highlighted and the reason it was returned (*Requalification date does not match date on OPOTC certificate.*) is stated under the **Reason Returned** section. The **Photo Required** section is highlighted and the reason it was returned (*Photo does not meet user guide standards.*) is stated under the **Reason Returned** section.

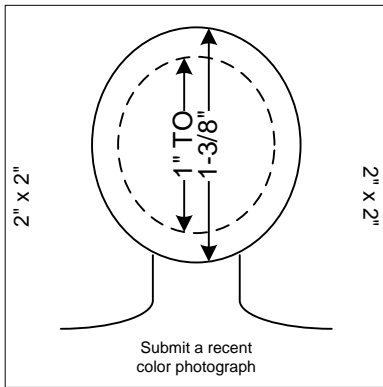
### Renew Registrant Screen

The **Renew Registrant** selection is used to renew your registrants whose registration will expire in the next 90 calendar days from today's date.

Prior to beginning the Renew Registrant online process, you will need a color photograph of all the registrants being renewed. The photograph must be in electronic format (i.e., jpg or jpeg) so it can be easily uploaded during the registrant renewal process. **This photograph is required to renew your registrants.**

#### Registrant Photo

Each Registrant Application must include a color photograph according to the following:



The color photograph must be of the individual alone, sufficiently recent to be a good likeness (taken within the last twelve months), and 2x2 inches in size. The image size measured from the bottom of the chin to the top of the head (including hair) should not be less than 1 inch and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of the face, **and a plain light (white or off-white) background.** The photograph must be taken **without a hat, head covering, or dark glasses.** Headphones, "Bluetooth", or similar devices must **not** be worn in photographs. Any photographs retouched so that the appearance is changed will not be accepted. Snapshots, most vending machine prints, and magazine or Full-length photographs will not be accepted. Digitized photos must meet the previously stated qualifications and will be accepted at the discretion of PISGS. The uploaded photo must be less than 200kb and larger than 50kb.

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

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ABC COMPANY LLC (2013210012345)

Clicking the **Renew Registrant** selection will display the **Renew Registrant** screen. For example:

Transactions are not complete until the fees are paid via the Transaction Cart.

The **Renew Registrant** screen will be displayed with the main office and all branch office check boxes containing a check (√) mark. This means the system will search all offices for the registrants that are to be renewed. If you want to limit your search to a smaller group of offices, click on the check box to the left of the office address to remove the check (√) mark. This will eliminate this office from being included in the search. You can have any combination of check (√) marks to perform a registrant renewal search.

If you click the **Select All Offices** button, the system will automatically place a check (√) mark in all of the office boxes and all offices will be searched. Clicking the **Clear All Offices** button will automatically remove the check (√) marks from all of the offices allowing you to select the offices you want to search. After you have made your office selections, you will click the **Search** button to display the registrants that are due for renewal within the next 90 calendar days from today's date. The following screen will be displayed.

<< REGISTRANTS TO BE RENEWED WITHIN THE NEXT 90 CALENDAR DAYS >>

<input type="checkbox"/> All	Name	Registration #	Hire Date	Expiration	Class	FAB	License #
<input type="checkbox"/>	EARP, WYATT	20121110582	10/24/2012	11/5/2013	SG	NO	20042100345
<input checked="" type="checkbox"/>	JAMES, JESSIE	20121110163	10/26/2012	11/5/2013	SG	NO	20042100345
<input type="checkbox"/>	WADE, BUCK	20121110792	10/29/2012	11/6/2013	SG	NO	20042100345
<input checked="" type="checkbox"/>	YOUNGER, COLE	20121110931	11/2/2012	11/20/2013	SG	NO	20042100345

Review Selected Registrants

Transactions are not complete until the fees are paid via the Transaction Cart.

If you click on the **All** box in the upper left hand corner, the system will automatically place a check (√) mark in the boxes to the left of all registrant names. If you want to renew only certain registrants, do not click on the **All** button, click on the check box to the left of the registrant's name. The system will place a check (√) mark in the box selected.

When finished selecting the registrants to be renewed, click the **Review Selected Registrants** button to begin the renewal of each individual. A detailed information screen will be displayed for each of the registrants selected. For example:



<< By submitting this application you are verifying that this individual meets all of the prerequisites identified in statute and rule >>  
<< and has not been convicted of a felony in the past 3 years. >>

Personal Information				
First Name	Initial	Last Name	Suffix	
JESSIE		JAMES	None	
SSN	Primary Phone # * ?	Secondary Phone # ?	Email Address	
xxx-xx-1234	(555) 555-1234			
Height *	Weight *	Hair Color *	Eye Color *	Class
5 (ft) 6 (in)	200 (lbs)	Brown	Brown	C
Hire Date	Birthdate	Original Issue Date	Expiration Date	
01/03/2014	11/02/1991	1/17/2014	1/17/2015	
Distinguishing scars, marks, tattoos				
Current Home Address				
Home Address *				Suite/Apt #
1234 DEADWOOD DRIVE				
City (no abbreviations) *		State *	Zip + 4 *	County *
LORAIN		Ohio	44055-4055	Lorain
Are you currently an Ohio commissioned peace officer? <input type="radio"/> Yes <input checked="" type="radio"/> No				
Are you currently a federal, state, or local peace officer, parole officer, prosecuting or assistant prosecuting attorney, correctional employee, youth services employee, firefighter, EMT, probation officer, bailiff or investigator of the bureau of criminal identification and investigation? <input type="radio"/> Yes <input checked="" type="radio"/> No				
Are you or your spouse a veteran or active member of the United States Armed Forces? If yes, please upload you or your spouse's DD214, current military ID, or current orders.				
<input type="checkbox"/> Self				
<input type="checkbox"/> Spouse				
Documents Required				
2" x 2" digitized photo. Photo must be on a white background with the registrant's full face visible (NO headgear) and the photo must be no more than 12 months old. (Must be in .jpg, .jpeg, or .png format)*		<input type="button" value="Browse..."/> <p>Click here to use the Passport Website to size/crop an existing photo from your computer</p>		

You may change the data in any field that is not shaded. When finished making changes to the registrant's data, click the **Add To Cart** button to place this renewal transaction in the Transaction Cart or click the **Skip** button to bypass the renewal of this registrant.

If you click the **Skip** button, any changes you made to the fields will not be updated and the original data will be retained. If you click the **Add To Cart** button, the changes will be updated when the renewal has been approved by a PISGS staff member.

**Remember, if you forget to pay the fees listed in the Transaction Cart, PISGS will not receive your renewal application, your registrant will not be renewed and will expire at midnight on the expiration date and any changed data will not be updated.**

### Update Registrant & Update QA Screen

The **Update Registrant** and **Update QA** screen is used to update registrant and qualifying agent data that does not require a new registration card to be printed.

**Current Provider:**  
2013210012345

**General**  
Home Page  
View Announcements  
Authorized Users  
User Guide

**Registrant**  
Search  
Add Registrant  
Renew Registrant  
**Update Registrant**  
Replacement Card  
Terminate  
Transfer

**FAB**  
Add/Requalify Firearm

**Qualifying Agent**  
**Update QA**  
Add Qualifying Agent

**Provider**  
Add Branch  
Renew License  
Update Provider Info.  
Update Insurance Info

**Transaction**  
Cart

**Reports**  
Roster  
Log off



ABC COMPANY LLC (2013210012345)

When you click the **Update Registrant** or **Update QA** selection, the following screen will display.



#### Private Investigator Security Guard Services Update Registrant/QA Information

<b>Company Name:</b>	YOUR COMPANY NAME (12345678901)
<< Select All or Main Office or Branch Office or any combination. >>	
<b>Main Office</b>	
<input checked="" type="checkbox"/>	1234 YOUR MAIN OFFICE ADDRESS, CITY, STATE, ZIP CODE -- (12345678901)
<b>Branch Office</b>	
<input checked="" type="checkbox"/>	5678 FIRST BRANCH OFFICE ADDRESS, CITY, STATE, ZIP CODE -- (23456789011)
<input checked="" type="checkbox"/>	7899 SECOND BRANCHE OFFICE ADDRESS, CITY, STATE, ZIP CODE -- (34567890112)
<input checked="" type="checkbox"/>	5522 THIRD BRANCH OFFICE ADDRESS. CITY. STATE. ZIP CODE -- (456456789011)
<input checked="" type="checkbox"/>	9524 FOURTH BRANCH OFFICE ADDRESS, CITY, STATE, ZIP CODE -- (62355678901547)
<input type="button" value="Select All Offices"/> <input type="button" value="Clear All Offices"/>	

The **Update Registrant/QA Information** screen will be displayed with the main office and all branch office check boxes containing a check (√) mark. This means the system will search all offices for the registrant or QA criteria you enter. If you want to limit your search to a smaller group of offices, click on the check box to the left of the office address to remove the check (√) mark. This will eliminate this office from being included in the search. You can have any combination of check (√) marks to perform a search.

If you click the **Select All Offices** button, the system will automatically place a check (√) mark in all of the office boxes and all offices will be searched. Clicking the **Clear All Offices** button will automatically remove the check (√) marks from all of the offices allowing you to select the offices you want to search. After you have made your office selections, you will click the **Search** button to display the registrants that match the criteria you entered. The following screen will be displayed.

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

Last Name:	moss
First Name:	
SSN:	
Registration #:	
<input type="button" value="Search"/> <input type="button" value="Clear All Criteria"/>	

<b>Registrant List</b>								
<b>Number of Registrants:</b>		2						
Name	Registration #	SSN	Status	Cls	Hire Date	Expires	FAB	License #
MOSS, ROBERT	20121110231	XXX-XX-2145	APR	C	09/20/2013	10/22/2014	NO	20042100345
MOSS, SAMUEL	20121111492	XXX-XX-7241	APR	C	08/23/2012	09/07/2015	NO	20042100345

To view the registrant/QA detailed information, click on the registrant's/QA's name or registration # field. The system will display the following **Registrant Inquiry** screen.



**Private Investigator Security Guard Services  
Registrant Inquiry**

<b>Company Name</b>				
YOUR COMPANY NAME (12345678901)				
<b>Registration #:</b>		20121110231		
<b>Personal Information</b>				
<b>First Name</b>		<b>Initial</b>	<b>Last Name</b>	
ROBERT			MOSS	
<b>Suffix</b>				
None				
<b>SSN</b>	<b>Primary Phone # * ?</b>	<b>Secondary Phone # ?</b>	<b>Email Address</b>	
XXX-XX-2145	(555) 555-1234			
<b>Height *</b>		<b>Weight *</b>	<b>Hair Color *</b>	<b>Eye Color *</b>
5	(ft) 10 (in)	195 (lbs)	Brown	Brown
<b>Class</b>				
C				
<b>Birthdate</b>		<b>Hire Date</b>	<b>Issue Date</b>	<b>Expiration Date</b>
06/08/1984		04/18/2013	05/03/2013	05/03/2014
<b>Distinguishing scars, marks, tattoos</b>				
SPIDER WEB TATTOO ON RIGHT & LEFT ELBOW				
<b>Current Home Address</b>				
<b>Home Address *</b>				<b>Suite/Apt #</b>
5432 SOUTH ELM STREET				Q-27
<b>City (no abbreviations) *</b>		<b>State</b>	<b>Zip + 4 *</b>	<b>County *</b>
CLEVELAND HEIGHTS		Ohio	44130-4130	Cuyahoga
<b>Documents (2" x 2" digitized photo.)</b>				

You may change the data in any field that is not shaded. When you are finished making changes to the registrant's data you can click the **Update** button to update the registrant's/QA's data, click the **Print** button to print the screen to a local printer, or you can click the **Exit** button which will take you back to the **Registrant List** screen.

### Replacement Card Screen

The **Replacement Card** selection is used to replace an individual's registration card that has been lost, stolen, damaged, or the registrant has changed their name, or you are a class "A" company and you want to change the classification of this registrant.

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

**Current Provider:**  
2013210012345

**General**  
Home Page  
View Announcements  
Authorized Users  
User Guide

**Registrant**  
Search  
Add Registrant  
Renew Registrant  
Update Registrant  
**Replacement Card**  
Terminate  
Transfer

**FAB**  
Add/Requalify Firearm

**Qualifying Agent**  
Update QA  
Add Qualifying Agent

**Provider**  
Add Branch  
Renew License  
Update Provider Info.  
Update Insurance Info

**Transaction**  
Cart

**Reports**  
Roster  
Log off



ABC COMPANY LLC (2013210012345)

Clicking the **Replacement Card** selection displays the following screen:



#### Private Investigator Security Guard Services Replacement Card

Company Name:

<< Select All or Main Office or Branch Office or any combination. >>

**Main Office**

1234 MAIN STREET, CLEVELAND OH 441140000 – (200121001234)

**Branch Office**

5678 FIRST STREET, LIMA OH 431230000 -- (2012210056789)

The **Replacement Card** screen will be displayed with the main office and all branch office check boxes containing a check (√) mark. This means the system will search all offices for the registrant or QA criteria you enter. If you want to limit your search to a smaller group of offices, click on the check box to the left of the office address to remove the check (√) mark. This will eliminate this office from being included in the search. You can have any combination of check (√) marks to perform a search.

If you click the **Select All Offices** button, the system will automatically place a check (✓) mark in all of the office boxes and all offices will be searched. Clicking the **Clear All Offices** button will automatically remove the check (✓) marks from all of the offices allowing you to select the offices you want to search.


Last Name:	<input type="text" value="jordan"/>
First Name:	<input type="text"/>
SSN:	<input type="text"/>
Registration #:	<input type="text"/>
<input type="button" value="Search"/> <input type="button" value="Clear All Criteria"/>	

Registrant List								
Number of Registrants: <input type="text" value="3"/>								
Name	Registration #	SSN	Status	Cls	Hire Date	Expires	FAB	License #
JORDAN, CALVIN	201311001234	XXX-XX-1234	APR	A	1/15/2013	1/05/2014	NO	2002210012345
JORDAN, JEB	201411005678	XXX-XX-2468	APR	A	1/24/2014	1/26/2015	NO	2002210012345

After you have made your office selections, you will enter your search criteria and click the  button to display the registrants that match the criteria you entered.

Clicking the  button will clear all search criteria and the registrant list.

Clicking on a name displays the **Replacement Card** screen. For example:



**Private Investigator Security Guard Services**  
**Replacement Card**

Registration #	Registration Expire:
201311001234	1/05/2014

Company Name	License #	CLS
ABC SECURITY	20162100162723	A

**REPLACEMENT CARD REASONS**

- Lost/Stolen/Damaged
  Name Change
  Updated Photo
  Class Change

Personal Information						
First Name	Middle Initial	Last Name	Suffix	Class	Birth Date	SSN
WILMA		FLINTSTONE		A	02/02/1950	2222
<input type="button" value="Save"/> <input type="button" value="Exit"/> <input type="button" value="Add to Cart"/>						

**Lost/Stolen/Damaged**

Clicking the  **Lost/Stolen/Damaged** selection will initiate a transaction informing PISGS that a replacement card is to be printed and mailed to the provider company.

**Name Change**

Clicking the  **Name Change** selection will display a screen containing the registrant's current name. To change the current name to the new name, enter the new name overriding the current name. You will have to upload a supporting document related to the name change (e.g. marriage license, divorce decree, etc.) except for a suffix change. For example, if a registrant names their new born as a junior (JR), they would want to add the senior (SR) suffix to their name.

New First Name	New Initial	New Last Name	New Suffix
CALVIN	J	JORDAN	None ▾

**Name Change Document**

\* Name Change - Please upload supporting documents (e.g., marriage license, divorce decree, name change certification, etc.). A driver's license is not acceptable.

\\ps.dps.state.oh.us\dps\l Browse...

**Updated Photo**

Clicking the  Updated Photo selection will display the following for a new photo to be uploaded.

Select Photo File Browse... View

**Class Change**

The Class Change selection is available to class "A" provider companies only. Clicking the  Class Change selection will display the following where a new class can be selected for the registrant.

**New Class**

A
B
C

When you are completed with your changes, you can select one of the following buttons:

Save Exit Add to Cart

Clicking the Save button will save the changes you entered and any uploaded documents.

Clicking the Exit button will display the following message. Click the desired button and continue processing.

Exit ✕

Do you want to save your data?

Clicking the Add to Cart button will add the replacement card transaction to the **Transaction Cart**. Go to the **Transaction Cart** section to pay for this transaction.

### Terminate Screen

The **Terminate** selection is used to terminate registrants who are no longer employed by your company.

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

**Current Provider:**  
2013210012345

**General**  
Home Page  
View Announcements  
Authorized Users  
User Guide

**Registrant**  
Search  
Add Registrant  
Renew Registrant  
Update Registrant  
Replacement Card  
**Terminate**  
Transfer

**FAB**  
Add/Requalify Firearm

**Qualifying Agent**  
Update QA  
Add Qualifying Agent

**Provider**  
Add Branch  
Renew License  
Update Provider Info.  
Update Insurance Info

**Transaction**  
Cart

**Reports**  
Roster  
Log off



ABC COMPANY LLC (2013210012345)

Clicking the **Terminate** selection displays the following screen:



**Private Investigator Security Guard Services Terminations**

<b>Company Name:</b>	ABC COMPANY LLC	<b>License Number:</b>	2013210012345
<b>Trade Name:</b>	ABC COMPANY LLC TRADE NAME		

Search by branch to terminate registrant(s)  
 Search for registrant(s) to terminate

Clicking the **Clear Selection** button clears any selected radio button (and associated screen).

Clicking the **Exit** button returns you to the company home page.

Options:

1. Search by branch to terminate registrant(s) or
2. Search for registrant(s) to terminate.



**Option 1: Search by branch to terminate registrant(s)**

Clicking the **Search by branch to terminate registrant(s)** radio button will display the following:

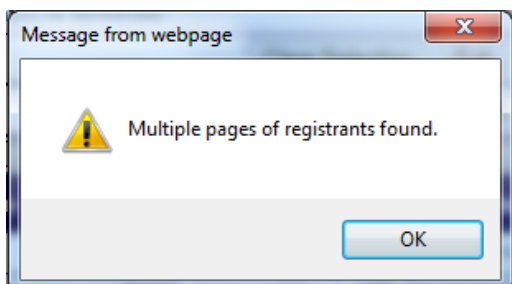
The screenshot shows a search interface with two sections: 'Main Office' and 'Branch Office'. Each section has a checked checkbox and a text input field containing the placeholder text 'MAIN OFFICE ADDRESS, CITY, STATE, ZIP CODE and LICENSE NUMBER' and 'BRANCH OFFICE ADDRESS, CITY, STATE, ZIP CODE and LICENSE NUMBER' respectively. Below these sections are four buttons: 'Select All Offices', 'Clear All Offices', 'Search', and 'Exit'.

This screen is displayed with the main office and all branch office check boxes containing a check (√) mark. This means the system will search for registrants in all of the offices that have a check (√) mark. If you want to limit your search to a smaller group of offices, click on the check box to the left of the office address to remove the check (√) mark. Any office that does **not** have a check mark will not be included in the search process. You can have any combination of check (√) marks to perform a registrant search.

Clicking the **Select All Offices** button will automatically place a check (√) mark in all of the office boxes and all offices will be searched. Clicking the **Clear All Offices** button will automatically remove the check (√) marks from all of the offices allowing you to select the offices you want to search by clicking on the box to the left of the office. After you have made your office selections, clicking the **Search** button will display a list of registrants. Clicking the **Exit** button will take you back to the home page.

Clicking the **Search** button will initiate the search process.

If more registrants are found than can be placed on one display page, the following message will be appear.



Click the **OK** button to close this screen and continue with the termination process.

A list of the registrant's will be displayed in alphabetical order under the **Roster** section.

Roster								
<input type="checkbox"/> All	Name	SSN	Registration #	Status	Hire Date	Term. Date	I.D. Card	License #
<input type="checkbox"/>	CITIZEN, JOHN Q	8238	20140001234	APR	12/02/2013		SELECT	2010210123
<input type="checkbox"/>	DOE, JANE	4121	20140005678	APR	06/30/2010		SELECT	2010210123
<input type="checkbox"/>	NEWMAN, ALFRED E	1556	20140003579	APR	12/09/2013		SELECT	2010210123

**Option 2: Search for registrant(s) to terminate**

Clicking the **Search for registrant(s) to terminate** radio button will display the following screen that will allow the entry of specific search criteria:

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Registration Number:	<input type="text"/>
Social Security Number:	<input type="text"/>
<input type="button" value="Clear Search Criteria"/> <input type="button" value="Search"/> <input type="button" value="Exit"/>	

For example, you could enter JONES for the last name and D for the first name then click the **Search** button.

Last Name:	JONES
First Name:	D
Registration Number:	<input type="text"/>
Social Security Number:	<input type="text"/>
<input type="button" value="Clear Search Criteria"/> <input type="button" value="Search"/> <input type="button" value="Exit"/>	

NOTE: Clicking the CLEAR SEARCH CRITERIA button will clear all search criteria entered so you can start over with your search criteria.

Using the above search criteria may produce the following results:

Roster								
<input type="checkbox"/> All	Name	SSN	Registration #	Status	Hire Date	Term. Date	I.D. Card	License #
<input type="checkbox"/>	JONES, DAVEY	8238	20140001234	APR	12/02/2013		SELECT	2010210123
<input type="checkbox"/>	JONES, DOUGLAS	4121	20140005678	APR	06/30/2010		SELECT	2010210123

**Selecting Registrants for Termination:**

Clicking the check box to the left of the registrant's name will select that registrant (see below) for termination.

<input type="checkbox"/>	JONES, DAVEY	1594	201400012345	APR	06/05/2008		SELECT	2010210123
<input checked="" type="checkbox"/>	JONES, DOUGLAS	4181	20140005678	APR	07/14/2006		SELECT	2010210123
<input type="checkbox"/>	JONES, DWYAN	0827	20130003579	APR	07/02/1984		SELECT	2010210123

You can select as many registrants from the list as desired.

**Termination Date**

You must enter a termination date for each of the registrants you are terminating.

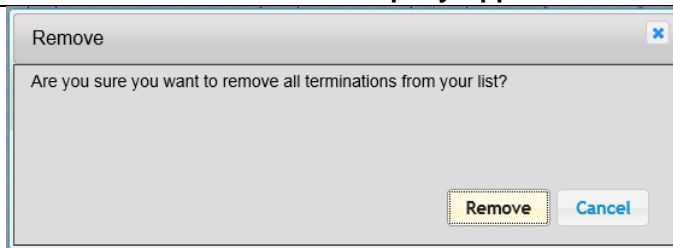
If you forget to enter the termination date and click the **Add to List** button, the system will display the message, "Must have a Termination Date" in the Termination Date box (see below).

<input checked="" type="checkbox"/>	JONES, DOUGLAS	4630	20140005678	APR	10/14/2009	<input type="text" value=""/>	Must have a Termination Date	Returned	2010210123
-------------------------------------	----------------	------	-------------	-----	------------	-------------------------------	------------------------------	----------	------------

If you enter an invalid termination date and click the **Add to List** button, the system will display the message, "Invalid Date!" in the Termination Date box (see below).

<input checked="" type="checkbox"/>	JONES, DOUGLAS	4630	20140005678	APR	10/14/2009	08/15/2015	Invalid Date!	Returned	2010210123
-------------------------------------	----------------	------	-------------	-----	------------	------------	---------------	----------	------------





If you click the **Remove** button, all of the registrants appearing on the Termination List will be placed back on your roster and will not be terminated.

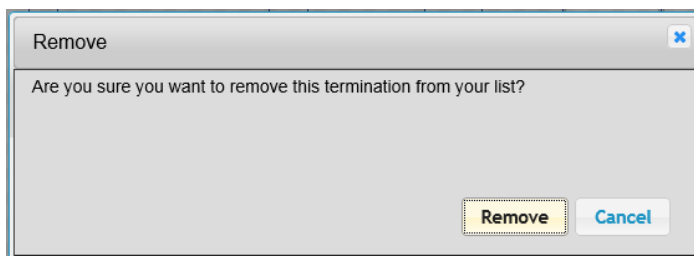
If you click the **Cancel** button, the system will return to the Termination List and you can continue processing.

### Removing a single registrant from the Termination List

You can remove a single registrant from the Termination List by clicking on the **Remove** link to the left of the registrant's name (see below).

<a href="#">Remove</a>	JONES, DAVEY	0827	201400012345	APR	07/02/1984	08/14/2014	Returned	2010210123
------------------------	--------------	------	--------------	-----	------------	------------	----------	------------

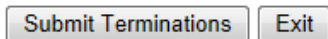
When you click on the **Remove** link, the following message will display:



If you click the **Remove** button, the registrant appearing on the Termination List will be placed back on your roster and will not be terminated.

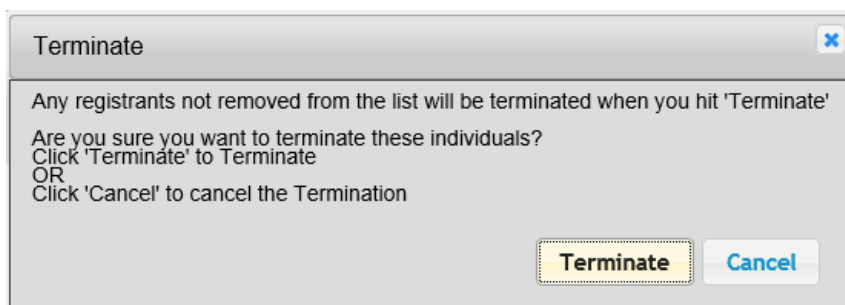
If you click the **Cancel** button, the system will return to the Termination List and you can continue processing.


### Submit Terminations or Exit

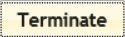


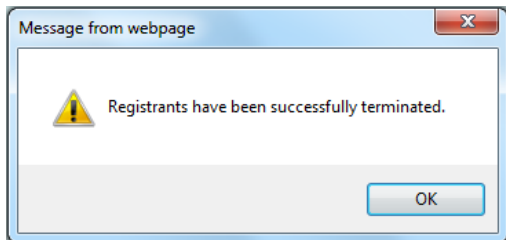
If you click the **Exit** button, the system will return to your company Home Page.

If you click the **Submit Terminations** button, the following message will display:



If you click the  button, the system will return to the Termination List.

If you click the  button, the following message will display informing you that the terminations are complete.




Click the  button to close this message.

### Termination Report

A *Termination Report* is generated and available for you to , , or .



If you click the  button, a *Termination Report* will display in PDF format (see example below). We suggest that you print this report for your records. This report is automatically e-mailed to PISGS and your company contact person. **Do not mail this report to PISGS.**



## Termination Report

License Number: **201021001234**    Status: **APR**    Class: **A**    Submit Date: **8/15/2014**  
 Company Name: **YOUR COMPANY NAME**    User: **J. DOE**  
 Trade Name: **YOUR COMPANY TRADE NAME**    Phone #: **(123) 555-1234**  
 Address: **YOUR COMPANY ADDRESS**    Fax #: **(123) 555-5432**  
 City/State/Zip: **YOUR COMPANY CITY, STATE, ZIP CODE**    Qualifying Agent(s): **JAMES, JESSIE**  
**YOUNGER, COLE**

NAME	Registration Number	Hire Date	Termination Date	I.D. Card
ARNESS, LUCY	20111235241	08/31/2013	08/14/2014	Lost

### Transfer Screen

The **Transfer** selection is used to inform PISGS that a registrant has been transferred from one location to another location and a new registration identification card is to be printed and mailed to your main office address.

**Current Provider:**  
2013210012345

**General**  
Home Page  
View Announcements  
Authorized Users  
User Guide

**Registrant**  
Search  
Add Registrant  
Renew Registrant  
Update Registrant  
Replacement Card  
Terminate  
**Transfer**

**FAB**  
Add/Requalify Firearm

**Qualifying Agent**  
Update QA  
Add Qualifying Agent

**Provider**  
Add Branch  
Renew License  
Update Provider Info.  
Update Insurance Info

**Transaction**  
Cart

**Reports**  
Roster  
Log off



ABC COMPANY LLC (2013210012345)

Clicking the **Transfer** selection displays the following screen:

Clicking the **Clear Selection** button clears any selected radio button (and associated screen).

Clicking the **Exit** button returns you to the company home page.

Options:

1. Search by branch to transfer registrant(s) or
2. Search for registrant(s) to transfer.

**Option 1: Search by branch to transfer registrant(s)**

Clicking the **Search by branch to transfer registrant(s)** radio button will display the following **From Office(s)** screen:

**From Office(s):**

**Main Office**

MAIN OFFICE ADDRESS, CITY, STATE, ZIP CODE and LICENSE NUMBER

**Branch Office**

BRANCH OFFICE ADDRESS, CITY, STATE, ZIP CODE and LICENSE NUMBER

This screen is displayed with the main office and all branch office check boxes containing a check (√) mark. This means the system will search for registrants in all of the offices that have a check (√) mark. If you want to limit your search to a smaller group of offices, click on the check box to the left of the office address to remove the check (√) mark. Any office that does **not** have a check mark will not be included in the search process. You can have any combination of check (√) marks to perform a registrant search.

Clicking the **Select All Offices** button will automatically place a check (√) mark in all of the office boxes and all offices will be searched. Clicking the **Clear All Offices** button will automatically remove the check (√) marks from all of the offices allowing you to select the offices you want to search by clicking on the box to the left of the office. After you have made your office selections, clicking the **Search** button will initiate the search process and will display a list of registrants (see **Roster** below). Clicking the **Exit** button will take you back to the home page.

A list of the registrant's will be displayed in alphabetical order under the **Roster** section.

**Roster**

<input type="checkbox"/> All	Name	SSN	Registration #	Hire Date	Expiration	Class	FAB	License #
<input type="checkbox"/>	CITIZEN, JOHN Q	8238	20140001234	12/2/2013	12/11/2014	C	N	2010210123
<input type="checkbox"/>	DOE, JANE	4121	20140005678	6/30/2010	7/2/2015	C	N	2010210123
<input type="checkbox"/>	NEWMAN, ALFRED E	1556	20140003579	12/9/2013	12/18/2014	C	N	2010210123

**Selecting Registrants from the Roster for Transfer to another location:**

Clicking the check box to the left of the registrant's name will select that registrant (see below) for transfer.

<input type="checkbox"/> All	Name	SSN	Registration #	Hire Date	Expiration	Class	FAB	License #
<input type="checkbox"/>	JONES, DAVEY	2963	201400012345	1/22/2010	2/13/2015	A	N	2010210123
<input checked="" type="checkbox"/>	JONES, DOUGLAS	5884	20140005678	7/6/2012	10/15/2014	A	N	2010210123
<input type="checkbox"/>	JONES, DWYAN	7067	20130003579	9/16/2013	10/2/2014	A	N	2010210123

You can select as many registrants from the list as desired.

**Select the office from the "To Office" dropdown where the registrant is being transferred to.**

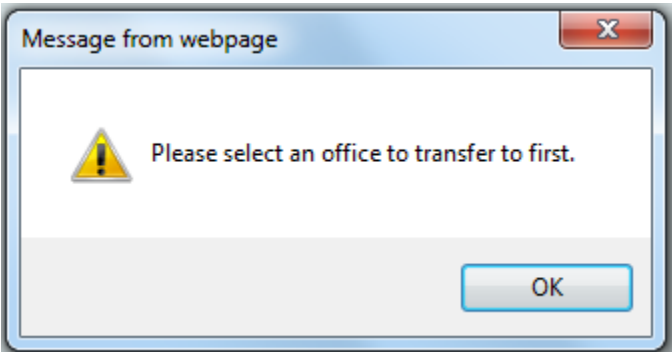
**To Office:**

-- Select --

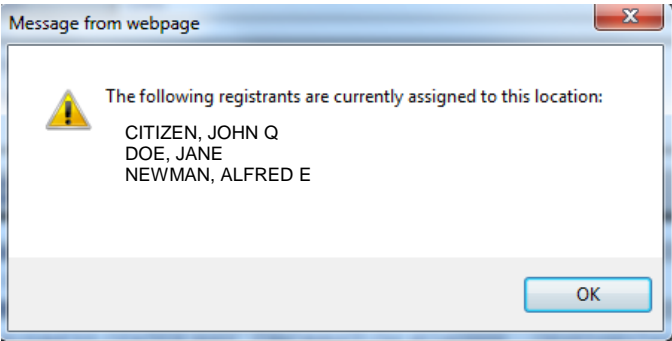
OFFICE ADDRESS, CITY, STATE, ZIP CODE, (Licenses Number)  
 OFFICE ADDRESS, CITY, STATE, ZIP CODE, (Licenses Number)

No registrants in list

If a "To Office" is not selected from the dropdown and the  button is clicked, the following message will be displayed:



If the "To Office" selected is the same as the current office of the selected registrants and the  button is clicked, the following message will be displayed:



If the  button is clicked without any errors, the following **Registrants To Transfer** list will be displayed.

Registrants To Transfer				
Remove All	Name	Registration #	From Office	To Office
<a href="#">Remove</a>	CITIZEN JOHN Q	201011123456	1234 MAIN ST. ANY TOWN OH 45100 (2010210012345)	5678 NORTH STREET NEW TOWN OH 44004 (2011210056789)
<a href="#">Remove</a>	DOE JANE	200611156421	1234 MAIN ST. ANY TOWN OH 45100 (2010210012345)	5678 NORTH STREET NEW TOWN OH 44004 (2011210056789)
<a href="#">Remove</a>	NEWMAN ALFRED E	201111056874	1234 MAIN ST. ANY TOWN OH 45100 (2010210012345)	5678 NORTH STREET NEW TOWN OH 44004 (2011210056789)

If you have more registrants on your roster than can be displayed, the system will display the following page bar at the bottom of the roster and you can select additional registrants to be transferred from other pages.



**Option 2: Search for registrant(s) to transfer**

Clicking the **Search for registrant(s) to transfer** radio button will display the following screen that will allow the entry of specific search criteria:

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
SSN:	<input type="text"/>
Registration #:	<input type="text"/>
<input type="button" value="Clear All Criteria"/> <input type="button" value="Search"/> <input type="button" value="Exit"/>	

For example, you could enter JONES for the last name and D for the first name then click the **Search** button.

Last Name:	JONES
First Name:	D
SSN:	<input type="text"/>
Registration #:	<input type="text"/>
<input type="button" value="Clear All Criteria"/> <input type="button" value="Search"/> <input type="button" value="Exit"/>	

NOTE: Clicking the CLEAR ALL CRITERIA button will clear all search criteria entered so you can start over with your search criteria.

Using the above search criteria may produce the following results:

Roster								
<input type="checkbox"/> All	Name	SSN	Registration #	Hire Date	Expiration	Class	FAB	License #
<input type="checkbox"/>	JONES, DAVEY	6502	201400012345	3/22/2013	6/7/2015	A	N	2010210123
<input type="checkbox"/>	JONES, DOUGLAS	5184	20140005678	12/31/2013	1/14/2015	A	N	2010210123

**Selecting Registrants from the Roster for Transfer to another location:**

Clicking the check box to the left of the registrant's name will select that registrant (see below) for transfer.

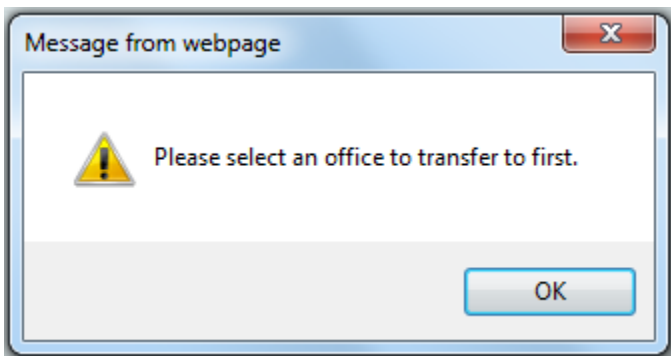
<input type="checkbox"/> All	Name	SSN	Registration #	Hire Date	Expiration	Class	FAB	License #
<input type="checkbox"/>	JONES, DAVEY	2963	201400012345	1/22/2010	2/13/2015	A	N	2010210123
<input checked="" type="checkbox"/>	JONES, DOUGLAS	5884	20140005678	7/6/2012	10/15/2014	A	N	2010210123
<input type="checkbox"/>	JONES, DWYAN	7067	20130003579	9/16/2013	10/2/2014	A	N	2010210123

You can select as many registrants from the list as desired.

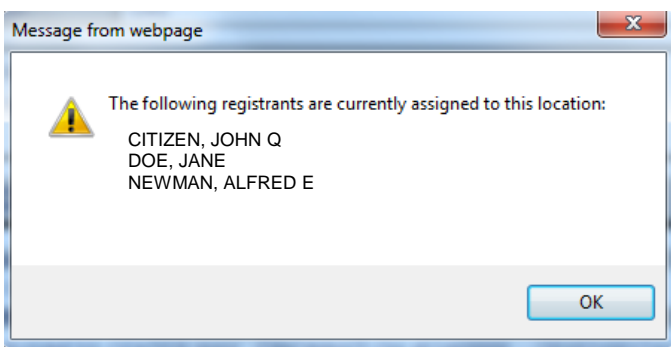
**Select the office from the "To Office" dropdown where the registrant is being transferred to.**

<b>To Office:</b>
-- Select --
OFFICE ADDRESS, CITY, STATE, ZIP CODE, (Licenses Number) OFFICE ADDRESS, CITY, STATE, ZIP CODE, (Licenses Number)
No registrants in list
<input type="button" value="Add to List"/> <input type="button" value="Add To Cart"/>

If a "To Office" is not selected from the dropdown and the  button is clicked, the following message will be displayed:



If the "To Office" selected is the same as the current office of the selected registrants and the  button is clicked, the following message will be displayed:



If the  button is clicked without any errors, the following **Registrants To Transfer** list will be displayed.

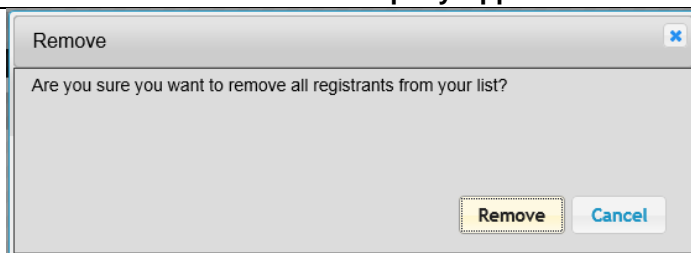
Registrants To Transfer				
Remove All	Name	Registration #	From Office	To Office
<a href="#">Remove</a>	CITIZEN JOHN Q	201011123456	1234 MAIN ST. ANY TOWN OH 45100 (2010210012345)	5678 NORTH STREET NEW TOWN OH 44004 (2011210056789)
<a href="#">Remove</a>	DOE JANE	200611156421	1234 MAIN ST. ANY TOWN OH 45100 (2010210012345)	5678 NORTH STREET NEW TOWN OH 44004 (2011210056789)
<a href="#">Remove</a>	NEWMAN ALFRED E	201111056874	1234 MAIN ST. ANY TOWN OH 45100 (2010210012345)	5678 NORTH STREET NEW TOWN OH 44004 (2011210056789)

**Removing ALL registrants from the Registrants To Transfer list**

You can remove all registrants from the Registrants To Transfer list by clicking on the **Remove All** column header (see below).

Remove All	Name	Registration #	From Office	To Office
------------	------	----------------	-------------	-----------

When you click on the **Remove All** column header the following message will display:



If you click the **Remove** button, all of the registrants appearing on the Registrants To Transfer list will be placed back on your roster and will not be transferred.

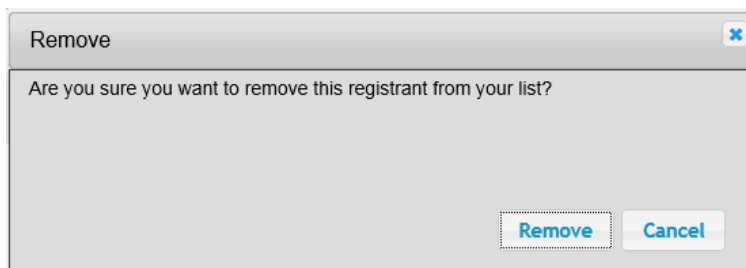
If you click the **Cancel** button, the system will return to the Registrants To Transfer list and you can continue processing.

### Removing a single registrant from the Registrants To Transfer list

You can remove a single registrant from the Registrants To Transfer list by clicking on the **Remove** link to the left of the registrant's name (see below).

Remove All	Name	Registration #	From Office	To Office
<a href="#">Remove</a>	JONES, DAVEY	201400012345	1234 MAIN ST. ANY TOWN OH 45100 (2010210012345)	5678 NORTH STREET NEW TOWN OH 44004 (2011210056789)

When you click on the **Remove** link, the following message will display:



If you click the **Remove** button, the registrant appearing on the Registrants To Transfer list will be placed back on your roster and will not be transferred.

If you click the **Cancel** button, the system will return to the Registrants To Transfer list and you can continue processing.

### Add To Cart

When finished, click the **Add To Cart** button (see the Transaction Cart section to pay for this transaction).

### Add/Requalify Firearm Screen

The **Add/Requalify Firearm** selection is used to:

- Add a firearm bearer notation to an existing registrant or qualifying agent, or
- Enter a new firearm requalification date for an existing registrant or qualifying agent who has completed the necessary OPOTC (Ohio Peace Officer Training Commission) requalification requirements for their firearm.

Prior to beginning the Add/Requalify Firearm process, you will need an electronic copy of each registrant's or qualifying agent's OPOTC certificate to upload with his or her application. If the individual is an Ohio commissioned peace officer, you will need an electronic copy of their most recent score sheet. **These documents are required to add or requalify the firearm notation to the individual's registration card.**

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

Current Provider:  
2013210012345

General  
Home Page  
View Announcements  
Authorized Users  
User Guide

Registrant  
Search  
Add Registrant  
Renew Registrant  
Update Registrant  
Replacement Card  
Terminate  
Transfer

FAB  
Add/Requalify Firearm

Qualifying Agent  
Update QA  
Add Qualifying Agent

Provider  
Add Branch  
Renew License  
Update Provider Info.  
Update Insurance Info

Transaction  
Cart


Reports  
Roster  
Log off



ABC COMPANY LLC (2013210012345)



Clicking the **Add/Requalify Firearm** selection displays the following screen:

 **Private Investigator Security Guard Services**  
**Add Or Requalify Firearm Bearer (FAB) Notation**

Company Name:

List Registrant(s) with firearms that will expire in 90 Days  
 Search for registrant(s) to add/requalify a firearm

Clicking the  button clears any selected radio button (and associated screen).

Clicking the **Exit** button returns you to the company home page.

Options:

1. List Registrant(s) with firearms that will expire in 90 days or
2. Search for registrant(s) to add/requalify a firearm.

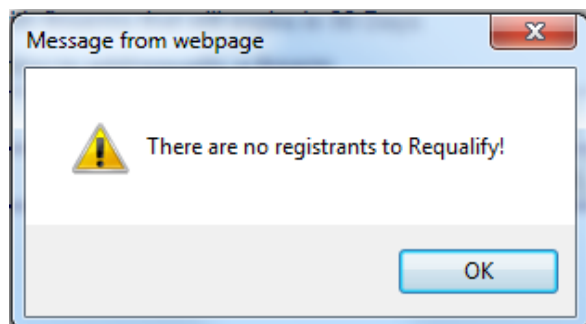
**Option 1: List Registrant(s) with firearms that will expire in 90 days**

Clicking the **List Registrant(s) with firearms that will expire in 90 days** radio button will display the following:

This screen is displayed with the main office and all branch office check boxes containing a check (√) mark. This means the system will search all offices for the registrants whose firearm requalification due by date will expire within the next 90 calendar days from today's date. If you want to limit your search to a smaller group of offices, click on the check box to the left of the office address to remove the check (√) mark. Any office that does **not** have a check mark will not be included in the search process. You can have any combination of check (√) marks to perform a registrant search.

Clicking the **Select All Offices** button will automatically place a check (√) mark in all of the office boxes and all offices will be searched. Clicking the **Clear All Offices** button will automatically remove the check (√) marks from all of the offices allowing you to select the offices you want to search by clicking on the box to the left of the office. After you have made your office selections, clicking the **Search** button will display a list of registrants whose firearm requalification due by date will expire within the next 90 calendar days from today's date. Clicking the **Exit** button will take you back to the home page.

Clicking the **Search** button will initiate the search process. If no requalification records are found, the system will display the following message:



Clicking the **OK** button will return you to the previous screen.

If requalification records are found, a list of the registrant's needing requalification will be displayed. The list is displayed in alphabetical order. You may click on any of the column headers to do a different sort such as "FAB Expiration" to sort by the date of expiration.

<input type="checkbox"/> All	Name	Registration #	Hire Date	Registration Expiration	FAB Expiration	Cls	FAB	License #
<input type="checkbox"/>	CITIZEN, JOHN Q	201400012345	11/02/2011	11/10/2014	09/18/2014	A	YES	123456789012
<input type="checkbox"/>	DOE, JANE	201400067890	07/13/2012	07/25/2014	08/10/2014	C	YES	123456789012
<input type="checkbox"/>	NEWMAN, ALFRED E	201400035791	08/20/2010	08/27/2014	09/10/2014	C	YES	123456789012

**Option 2: Search for registrant(s) to add/requalify a firearm**

Clicking the **Search for registrant(s) to add/requalify a firearm** radio button will display the following:

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Registration Number:	<input type="text"/>
Social Security Number:	<input type="text"/>
<input type="button" value="Clear Search Criteria"/> <input type="button" value="Search"/> <input type="button" value="Exit"/>	

For example, entering JONES for the last name and D for the first name, then clicking the **Search** button may display the following search results:

<input type="checkbox"/>	All	Name	Registration #	Hire Date	Registration Expiration	FAB Expiration	Cls	FAB	License #
<input checked="" type="checkbox"/>		JONES, DAVEY	20140001234	06/15/2014	06/23/2015	N/A	A	NO	20102100123
<input type="checkbox"/>		JONES, DOUGLAS	20140006789	02/12/2014	02/21/2015	N/A	C	NO	20102100123

Last Name:	JONES
First Name:	D
Registration Number:	<input type="text"/>
Social Security Number:	<input type="text"/>
<input type="button" value="Clear Search Criteria"/> <input type="button" value="Search"/> <input type="button" value="Exit"/>	

NOTE: Clicking the CLEAR SEARCH CRITERIA button will clear all search criteria entered so you can start over with your search criteria.

**Selecting Registrants:**

Clicking the check box above the **ALL** column will select all of the registrants listed for review. Clicking the check box to the left of the individual's name will select only that individual for review. You can select as many individuals for review as needed. When finished making your selections, click the **Review Selected Registrants** button to view and update the registrant's firearm data.

Clicking the **Review Selected Registrants** button displays the first registrant record selected on the list. For example:

<b>Company Name</b>		<b>License #</b>	
YOUR COMPANY NAME		12345678901	
<b>Personal Information</b>			
<b>Registration #:</b> 2010210012342014			
<b>First Name</b>	<b>Initial</b>	<b>Last Name</b>	<b>Suffix</b>
JOHN	Q	CITIZEN	None
<b>SSN</b>	<b>Primary Phone #</b>	<b>Secondary Phone #</b>	<b>Email Address</b>
XXX-XX-1234	(614) 555-1212		
<b>Height *</b>	<b>Weight *</b>	<b>Hair Color *</b>	<b>Eye Color *</b>
5 (ft) 0 (in)	165 (lbs)	Brown	Brown
<b>Class</b>			
C			
<b>Birthdate</b>	<b>Hire Date</b>	<b>Issue Date</b>	<b>Expiration Date</b>
01/08/1971	06/30/2010	07/01/2013	07/02/2014
<b>Distinguishing scars, marks, tattoos</b>			
L/SIDE BIRTHMARK, L/R BREAST TATTOO, L SHOULDER/TATTOO			
<b>Current Home Address</b>			
<b>Home Address *</b>			<b>Suite/Apt #</b>
1234 ANY STREET			
<b>City (no abbreviations) *</b>	<b>State *</b>	<b>Zip + 4 *</b>	<b>County *</b>
ANY CITY	Ohio	12345-0000	Lucas
Are you currently a federal, state, or local peace officer, parole officer, prosecuting or assistant prosecuting attorney, correctional employee, youth services employee, firefighter, EMT, probation officer, bailiff or investigator of the bureau of criminal identification and investigation?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>Firearm Bearer (FAB) Notation</b>			
Are you currently an Ohio commissioned peace officer?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
Please upload a copy of your : Ohio Peace Officer Training Program certificate OR Private Security Firearms Training Program certificate.			<input type="button" value="Browse..."/>
<b>FBI Fingerprints ?</b>	<b>Authentication #</b>		
<b>Fab Type</b>	<b>Requalification Due By: ?</b>		
Revolver <input checked="" type="checkbox"/>	08/06/2014		
Semi-Automatic <input type="checkbox"/>			
Shotgun <input type="checkbox"/>			
<input type="button" value="Skip"/>		<input type="button" value="Exit"/>	<input type="button" value="Add To Cart"/>

Clicking the **Skip** button will cause the system to skip this registrant's information and the system will display the next registrant selected from the list. The skipped registrant is placed back on the list. If the last registrant selected is skipped, the system will return to the registrant list.

Clicking the **Exit** button will take you back to the home page. If you click this button during the registrant review process, all of your selections will be ignored and you will have to start the review process over again.

You may change any data fields in the **Personal Information** or **Current Home Address** sections that are not shaded.

**Firearm Bearer (FAB) Notation** section

Use this section to add a firearm notation to a registrant or to requalify a registrant’s existing firearm.

Firearm Bearer (FAB) Notation	
Are you currently an Ohio commissioned peace officer? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Please upload a copy of your : Ohio Peace Officer Training Program certificate OR Private Security Firearms Training Program certificate.	<input type="text"/> Browse...
FBI Fingerprints ? <input type="text"/>	Authentication # <input type="text"/>
<b>Fab Type</b>	<b>Requalification Due By: ?</b>
Revolver <input checked="" type="checkbox"/>	<input type="text" value="08/06/2014"/>
Semi-Automatic <input type="checkbox"/>	<input type="text"/>
Shotgun <input type="checkbox"/>	<input type="text"/>

The “Are you currently an Ohio commissioned peace officer?” question is automatically set to “No”. If the registrant is an Ohio commissioned peace officer, the following screen is displayed to allow you to upload the individual’s latest firearm score sheet. **This document is required in order to requalify the peace officer’s firearm.**

Please upload a copy of your most recent score sheet.	<input type="text"/> Browse...
---	--------------------------------

**Also required is an electronic copy of the individual’s Ohio Peace Officer Training Commission (OPOTC), Ohio Peace Officer Training Program certificate or Private Security Firearms Training Program or Requalification certificate.**

The **FBI Fingerprints** and **Authentication #** fields are optional. If this is the first time a firearm notation is being added to this individual’s registration, a FBI background check needs to be completed. If the individual has completed the FBI background check and this information is available, please enter it, as it will help us to accelerate the approval process.

To add a new or update (requalification) a firearm:

- To add or update the firearm, click on the box to the left of the **Fab Type** (Revolver, Semi-Automatic, Shotgun) being added or updated (requalified). A check (√) mark will appear in the box.
- Enter the **Requalification Due By:** date. This date is located on the bottom left-hand corner of the OPOTC certificate.

When finished, click the **Add To Cart** button (see the Transaction Cart section to pay for this transaction).

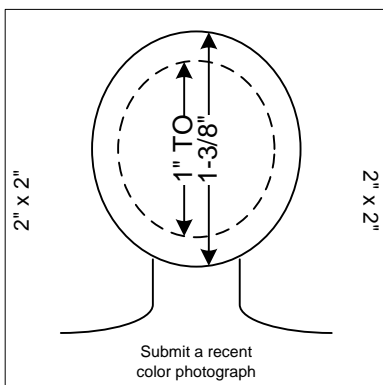


### Add Qualifying Agent Screen

Use the **Add Qualifying Agent** selection to add a qualifying agent to your main office.

Prior to starting the qualifying agent application, you should have all of the documents to be uploaded in electronic format. Following are the documents you should have ready for uploading.

- BCI Criminal Background Check** (required) – All qualifying agents must have a criminal background check completed by the Ohio Bureau of Criminal Investigations (BCI) and forwarded to the Private Investigator Security Guard Services (PISGS) unit prior to a qualifying agent application being approved. Fingerprints can be taken at any WebCheck facility throughout Ohio. A WebCheck location can be found by going to [http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/ Webcheck-Community-Listing](http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing). It is important that you inform WebCheck that you are applying for a Private Investigator Security Guard License (4749.06) and you would like a “Direct Copy” sent to “PISGS-Ohio Department of Public Safety.” If you do not inform WebCheck that you would like a “Direct Copy” sent to “PISGS-Ohio Department of Public Safety” the processing of your application will be delayed.
- Ohio Revised Code section 5122.301** – If you were adjudicated incompetent under Ohio Revised Code section 5122.301 and you have been restored to legal capacity; you must submit documentation indicating you have been restored to legal capacity.
- College degree** – If you have a college degree in law enforcement, criminal justice, or a related field and you would like this education to be considered as part of your qualifying experience, you must submit a copy of your degree certificate.
- Military Police** – If you have military police work experience and you would like this experience to be considered as part of your qualifying experience, you must submit a copy of your DD214 military separation document.
- Prior experience** – If you have private investigator or security guard experience within the past two (2) years you wish to be considered as part of your qualifying experience, you must submit a copy of the license, certification, or registration from where you gained this experience.
- Attorney** – If you have been a practicing attorney for the past two (2) years and you would like this experience to be considered as part of your qualifying experience, you must submit a letter of good standing from the supreme court of your state.



The color photograph must be of the individual alone, sufficiently recent to be a good likeness (taken within the last twelve months), and 2x2 inches in size. The image size measured from the bottom of the chin to the top of the head (including hair) should not be less than 1 inch and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of the face, **and a plain light (white or off-white) background**. The photograph must be taken **without a hat, head covering, or dark glasses**. Headphones, “Bluetooth”, or similar devices must **not** be worn in photographs. Any photographs retouched so that the appearance is changed will not be accepted. Snapshots, most vending machine prints, and magazine or Full-length photographs will not be accepted. Digitized photos must meet the previously stated qualifications and will be accepted at the discretion of PISGS. The uploaded photo must be less than 200kb and larger than 50kb.

- Letters of reference** (required) – Five (5) letters of reference may be uploaded one at a time or all five letters may be combined in to one document and uploaded.

#### FIREARM BEARER ENDORSEMENT (optional)

If you will be carrying a firearm in the performance of you duties, the following is required:

- FBI Criminal Background Check** – A Federal Bureau of Investigation (FBI) fingerprint criminal background check is required. This can be accomplished by completing the FBI section during the WebCheck process (see BCI Criminal Background Check above).
- Ohio Peace Officer Training Academy (OPOTA) Certificate**.
- Score Sheet** – If you are an Ohio Peace Officer, please upload a copy of your most recent score sheet.

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

**Current Provider:**  
2013210012345

**General**  
Home Page  
View Announcements  
Authorized Users  
User Guide

**Registrant**  
Search  
Add Registrant  
Renew Registrant  
Update Registrant  
Replacement Card  
Terminate  
Transfer

**FAB**  
Add/Requalify Firearm

**Qualifying Agent**  
Update QA  
**Add Qualifying Agent**

**Provider**  
Add Branch  
Renew License  
Update Provider Info.  
Update Insurance Info

**Transaction**  
Cart

**Reports**  
Roster  
Log off



ABC COMPANY LLC (2013210012345)



When you click the **Add Qualifying Agent** selection, the following **Qualifying Agent Application** screen will display.



**Private Investigator Security Guard Services  
Qualifying Agent Application**

<b>Company Name:</b>	YOUR COMPANY NAME	2013210012345
<b>Trade Name:</b>	YOUR COMPANY TRADE NAME	
Are you filling out this application for somebody else? <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Applicant's Personal Information</b>		
<b>First Name *</b>	<b>Initial</b>	<b>Last Name *</b>
JOHN	Q	CITIZEN
<b>SSN *</b>		<b>Suffix</b>
***-**-1234		None
<b>Birth Date *</b>		
<b>Primary Phone # *</b>	<b>Secondary Phone #</b>	<b>Email Address</b>
<b>Height *</b>	<b>Weight *</b>	<b>Hair Color *</b>
Select (ft) Select (in)	(lbs)	Select
<b>Eye Color *</b>	<b>Class</b>	
Select	A	
<b>Distinguishing scars, marks, tattoos</b>		
<b>Ohio BCI Fingerprints</b>	<b>Authentication #</b>	
Please list your residences for the past 10 years, starting with your current residence		
<input type="button" value="Add New Address"/>		
Please list your employment for at least the past 7 years, starting with your current employer		
<input type="button" value="Add New Employer"/>		

1. Your company name and trade name (if you use a trade name) will automatically be displayed in the **Company Name** and **Trade Name** fields.
2. If you are completing this application for an individual you want for your qualifying agent, you will select the **Yes** radio button and the following section will be displayed.

Are you filling out this application for somebody else? <input checked="" type="radio"/> Yes <input type="radio"/> No	
If you are filling out this information for somebody else, please enter the following:	
<b>Preparer's Full Name *</b>	
<b>Preparer's Title *</b>	<b>Preparer's Phone # *</b>

- Enter your name in the **Preparer's Full Name** field.
  - Enter your title in the **Preparer's Title** field.
  - Enter your phone number in the **Preparer's Phone #** field.
3. Complete the **Applicant's Personal Information** section. Note: The **Class** field refers to the class of registration and is the same as the class of registration you chose on your license application.

4. If you know the date that your fingerprints were submitted, enter the date and Authentication # in these fields. If you don't know the date or the Authentication #, leave these fields blank.
5. Click the **Add New Address** button to enter your residence information for the past ten (10) years. You can enter up to 10 addresses. The following will be displayed when you click this button:

**Please list your residences for the past 10 years, starting with your current residence**

Home Address *	Suite/Apt #	From *	To *
<input type="text"/>	<input type="text"/>	<input type="text"/>	09/29/2014
City (no abbreviations) *	State *	Zip + 4 *	County *
<input type="text"/>	Ohio	<input type="text"/>	Select...

6. For each new address entered, click the **Add Address** button to add it to your application.
  - If you made a mistake, click the **Cancel** button and start over.
7. Click the **Add New Employer** button to enter your employer information for the past seven (7) years. You can enter up to 10 addresses. The following will be displayed when you click this button:

**Please list your employment for at least the past 7 years, starting with your current employer**

Company Name *	From *	To *
<input type="text"/>	<input type="text"/>	09/29/2014
Company Address *	Suite/Apt #	
<input type="text"/>	<input type="text"/>	
City (no abbreviations) *	State *	Zip + 4 *
<input type="text"/>	Ohio	<input type="text"/>
County *	Select...	

Job Duties \*

Were you a commissioned peace officer at this organization?  Yes  No

8. For each new company address entered, click the **Add Employer** button to add it to your application.
  - If you made a mistake, click the **Cancel** button and start over.
9. Complete the **Experience** section.

Experience	
1. Do you have an Associate degree or higher in law enforcement or criminal justice?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Are you, or have you been engaged in the practice of law in the past 2 years?	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Did you perform military police work in any branch of the armed forces of the United States?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Are you or have you ever been licensed/registered as a private investigator or security guard in any state within the past 2 years?	<input type="radio"/> Yes <input checked="" type="radio"/> No

10. If you select the “Yes” radio button on any of these questions, you will be asked to upload supporting documents. For example, if you selected **Yes** to the first question, the following will be displayed:

1. Do you have an Associate degree or higher in law enforcement or criminal justice?		<input checked="" type="radio"/> Yes <input type="radio"/> No
Please upload degree certificate or transcripts.	<input type="text"/>	<input type="button" value="Browse..."/>

11. Complete the **Background Information** section.

Background Information	
1. Have you ever had a license to practice a private investigation and security services profession denied, suspended or revoked, or been subject to other disciplinary action in this or any other state?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Have you ever been convicted of or do you have a pending felony charge?	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Have you ever been adjudicated incompetent under <a href="#">Ohio Revised Code section 5122.301?</a>	<input type="radio"/> Yes <input checked="" type="radio"/> No

12. If you select the “Yes” radio button on any of these questions, you will be asked to enter an explanation and to upload supporting documents. For example, If you selected **Yes** to the second question, the following will be displayed:

2. Have you ever been convicted of or do you have a pending felony charge?		<input checked="" type="radio"/> Yes <input type="radio"/> No
EXPLAIN		
<input type="text"/>		
Maximum number of characters: 255		
Please upload final court journal entry copies with dates and an explanation of situation.	<input type="text"/>	<input type="button" value="Browse..."/>

13. Responding to the following **Veteran Information** question is optional. Complete the **Veteran Information** only if the applicant or the applicant’s spouse is a veteran or active member of the U.S. Armed Forces and only if you want to divulge this information to PISGS.

Veteran Information	
Are you or your spouse a veteran or active member of the United States Armed Forces? If yes, please upload you or your spouse’s DD214, current military ID, or current orders. (Optional)	
<input type="checkbox"/> Self	
<input type="checkbox"/> Spouse	

Note: If you answered “Yes” to the **Experience** section question #3 regarding military police work and uploaded a DD214, you can ignore this question for **Self**; the system has this information. If the applicant’s spouse is a veteran or currently on active duty and you want to divulge this information to PISGS, then click the box to the left of the **Spouse** selection and upload the spouse’s DD104. For example, if you click the **Spouse** box, the following will be displayed.

Veteran Information	
Are you or your spouse a veteran or active member of the United States Armed Forces? If yes, please upload you or your spouse’s DD214, current military ID, or current orders. (Optional)	
<input type="checkbox"/> Self	
<input checked="" type="checkbox"/> Spouse	
This upload is optional	<input type="text"/> <input type="button" value="Browse..."/>

14. Complete the **Public Record Availability** section only if it applies to the applicant.

Public Record Availability	
Are you currently a commissioned peace officer, parole officer, prosecuting or assistant prosecuting attorney, correctional employee, youth services employee, firefighter, EMT, probation officer, bailiff, or an investigator of the bureau of criminal investigation?	<input type="radio"/> Yes <input checked="" type="radio"/> No

15. Complete the **Firearm Bearer (FAB) Notation** section only if the applicant is to carry a firearm in the performance of their duties.

Firearm Bearer (FAB) Notation	
Do you want to add a firearm bearer (FAB) notation?	<input type="radio"/> Yes <input checked="" type="radio"/> No

16. If you answer “Yes” to the firearm bearer question, the following will be displayed for completion.

Please upload a copy of your : Ohio Peace Officer Training Program certificate OR Private Security Firearms Training Program certificate.		<input type="text"/>	<input type="button" value="Browse..."/>
FBI Fingerprints	<input type="text"/>	Authentication #	<input type="text"/>
FAB Type		Requalification Due By:	
Revolver	<input type="checkbox"/>	<input type="text"/>	
Semi-Automatic	<input type="checkbox"/>	<input type="text"/>	
Shotgun	<input type="checkbox"/>	<input type="text"/>	

- Upload the applicant’s Ohio Peace Officer Training Commission (OPOTC) program certificate.
- Enter the date the applicant’s FBI fingerprints were taken, if available.
- Enter the Authentication #, if available.
- Select the FAB Type (i.e. Revolver, Semi-Automatic, Shotgun).
- Enter the date the applicant must requalify their firearm. This date is located on the OPOTC program certificate.

17. Upload a **Photo** of the applicant making certain that the photo adheres to the instructions described in the **Before You Start** section above.

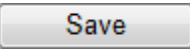
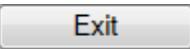
Photo	
2" x 2" digitized photo. Photo must be on a white background with the QA’s full face visible (NO headgear) and the photo must be no more than 12 months old. (Must be in .jpg, .jpeg, or .png format)	<input type="text"/> <input type="button" value="Browse..."/>
<a href="#">Click here to use the Passport Website to size/crop an existing photo from your computer</a>	

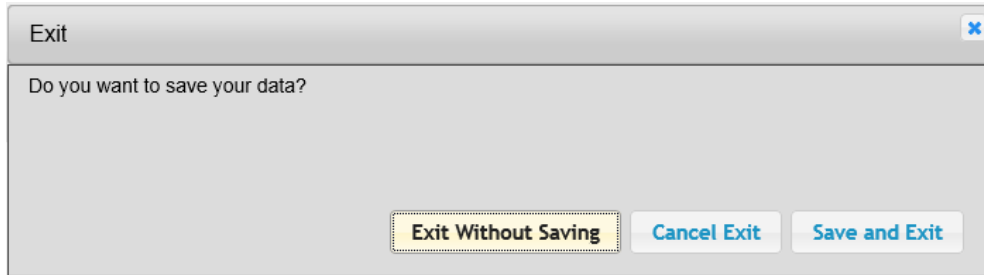
18. Complete the **Character References** section.

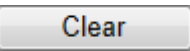
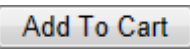
Character References	
Character references from at least five reputable citizens for the qualifying agent applicant each of whom has known the applicant for at least five years preceding the application, and none of which are connected with the applicant by blood or marriage.	
Each reference letter must state how the individual knows the applicant, how long they have known the applicant, and remarks regarding how they feel about the applicant’s character. Each letter must be signed and dated within the past three months.	
1.	<input type="text"/> <input type="button" value="Browse..."/>
2.	<input type="text"/> <input type="button" value="Browse..."/>
3.	<input type="text"/> <input type="button" value="Browse..."/>
4.	<input type="text"/> <input type="button" value="Browse..."/>
5.	<input type="text"/> <input type="button" value="Browse..."/>

19. Click one of the following buttons:



- If you click the  button, the system will save the entered data and all of the uploaded documents.
- If you click the  button, the system will display the following screen and you will be required to select one of the actions to take:



- If you click the  button, the system will clear the entered data and all of the uploaded documents.
- If you click the  button, the system will take you back to the **Transaction Cart** screen. Go to the **Transaction Cart** section in this user guide to continue processing.

### Add Branch Screen

Use the **Add Branch** selection to add a branch office to your organization.

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

**Current Provider:**  
2013210012345

**General**  
Home Page  
View Announcements  
Authorized Users  
User Guide

**Registrant**  
Search  
Add Registrant  
Renew Registrant  
Update Registrant  
Replacement Card  
Terminate  
Transfer

**FAB**  
Add/Requalify Firearm

**Qualifying Agent**  
Update QA  
Add Qualifying Agent

**Provider**  
**Add Branch** ←  
Renew License  
Update Provider Info.  
Update Insurance Info

**Transaction**  
Cart

**Reports**  
Roster  
Log off



ABC COMPANY LLC (2013210012345)

Clicking the **Add Branch** selection will display the following **New Branch License Application** screen.





**Private Investigator Security Guard Services  
New Branch License Application**

<b>Company Name</b>	<b>License #</b>
YOUR COMPANY NAME	(2013210012345)
<b>Trade Name</b>	
YOUR TRADE NAME	

**Branch Office Address**

Branch Address (No P.O. Box #) *			Suite/Apt. #
BRANCH OFFICE ADDRESS LINE 1			SUITE # 100
Branch Address Line 2			
BRANCH OFFICE ADDRESS LINE 2			
City (no abbreviations) *	State	Zip + 4 *	County *
CITY	Ohio	44100-0000	Adams
Branch Phone # *	Branch FAX #	Branch E-Mail Address *	
(555) 555-5555	(555) 555-5556	branchoffice@xxx.com	

**Mailing Address**  Same as above

Mailing Address *	Suite/Apt. #		
P.O. BOX 100			
Mailing Address Line 2			
1234 MAIN STREET			
City (no abbreviations) *	State	Zip + 4 *	County *
CITY	Ohio	44100-0000	Adams

Select an address to be displayed to the public  Branch Office Address  Branch Mailing Address

**Contact Information**  Edit Contact

This is the person PISGS will contact with questions regarding licensing and registration issues. If this is not the appropriate point of contact for the branch office, please check the Edit Contact check box and update the information below.

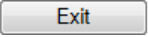
First Name *	Last Name *		
FIRST NAME	LAST NAME		
Title			
CEO			
Phone *	Extension	Fax #	E-mail Address *
(555) 555-5555	55555	(555) 555-5556	name@xxx.com

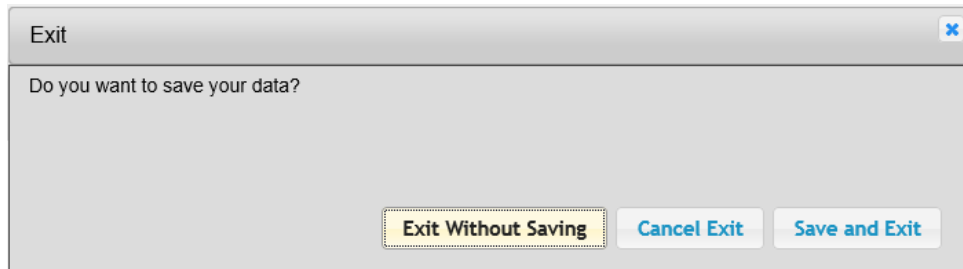
**Documents Required \***

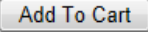
Please upload a copy of your current Insurance Acord showing the new branch office Address with the Ohio Department of Public Safety, PISGS, PO Box 182001, Columbus, OH 43218 listed as the certificate holder.

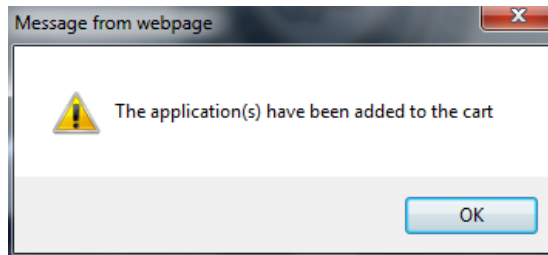
1. Entry fields that have an asterisk (\*) to the right of their name are required fields. Placing your cursor over the asterisk will display the required format of the field.
2. If you have to leave this application before completing it, make sure to save what you have completed by clicking the  button at the bottom of the screen.
3. If you want correspondence to be sent to your business address, click the **Same As Above** check box to the right of the **Mailing Address** section header. Your business address will be displayed in the Mailing Address fields in this section. If you want your correspondence sent to a different address than your business

address, you must enter a mailing address. For example, you may want your correspondence sent to a P.O. Box.

4. The public can search our database to find a private investigator and/or security guard service organization. You can indicate which address to display to the public by clicking on the **Branch Office Address** or **Branch Mailing Address** radio button.
5. PISGS communicates with you via e-mail regarding licensing and registration issues. The system will automatically enter your main office contact person information in the **Contact Person E-mail Address** section. If there is someone else you would like us to contact regarding licensing and registration, click on the **Edit Contact** box to the right of the **Contact Information** section. The system will clear the contact information and allow you to enter the new contact information. If you click the **Edit Contact** box again, the system will re-enter the main office contact person information.
6. You are required to upload an insurance Acord® that shows your branch office address.
7. If you click the  button, the system will display the following screen and you will be required to select one of the actions to take:



8. If you click the  button, the system will display the following message:



9. Go to the **Transaction Cart** section in this user guide to continue processing.

## Renew License Screen

**Current Provider:**  
2013210012345

**General**  
Home Page  
View Announcements  
Authorized Users  
User Guide

**Registrant**  
Search  
Add Registrant  
Renew Registrant  
Update Registrant  
Replacement Card  
Terminate  
Transfer

**FAB**  
Add/Requalify Firearm

**Qualifying Agent**  
Update QA  
Add Qualifying Agent

**Provider**  
Add Branch  
**Renew License**  
Update Provider Info.  
Update Insurance Info

**Transaction**  
Cart

**Reports**  
Roster  
Log off



ABC COMPANY LLC (2013210012345)

## Required Documents Guidelines

Prior to beginning the Renew License process, you should have all required documents in electronic format (.doc, .docx, .PDF, .jpg, .jpeg, or .png format) so they can be uploaded with your license renewal.

### SOLE PROPRIETOR

If you are a sole proprietor, you do not need an Ohio Secretary of State certificate of good standing. If you use a trade name you will need a Full Force & Effect Certificate from the Ohio Secretary of State. If you have employees, you will need worker's compensation and unemployment compensation documentation (see below). All companies require proof of General Comprehensive Liability Insurance Coverage.

CORPORATIONS, LLC, Partnerships, and SOLE PROPRIETOR with employees require the following documents in electronic format:

Worker's Compensation – If you have questions regarding worker's compensation, please contact the Ohio Bureau of Worker's Compensation @ 800-644-6292 or go to [www.ohiobwc.com](http://www.ohiobwc.com).

- Proof of Coverage – If you had employees, you must show proof that you had proper worker's compensation coverage for the previous license year.
- Proof of Exemption – If you are a corporation, LLC, LP, LPP, or partnership and you had **no** employees and you were not required to obtain worker's compensation coverage for the previous license year, you must provide a letter, signed and dated, on your company letterhead stating you had no employees 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) @ 614-466-2319, Extension 22487 for the following:

- Proof of Coverage – If you had employees, acceptable proof is a current letter provided by ODJFS. If you believe you are not required to obtain this coverage, you must provide proof or exemption. **Contribution reports are not acceptable.**
- Proof of Exemption – If you had **no** employees and you were not required to obtain unemployment compensation coverage through ODJFS for the previous license year, you are required to obtain a

current letter for a non-liable account. If you have questions regarding your unemployment compensation requirement, please contact the Ohio Job & Family Services at 614-466-2319 or go to [www.jfs.ohio.gov](http://www.jfs.ohio.gov).

Ohio Secretary of State – For information on how to obtain this certificate you can go to the Ohio Secretary of State website (<http://www.sos.state.oh.us/>) or call 614 466-3910 or Toll Free 877 SOS-FILE (767-3453)

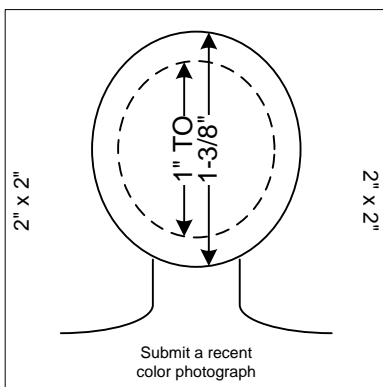
- Ohio Secretary of State Certificate of Good Standing – You will need a certificate of good standing OR a full force & effect certificate for the company name for the current year.
- Ohio Secretary of State Full Force & Effect Certificate – You will need a full force & effect certificate for the trade name, if applicable, for the current year.

General Comprehensive Liability Insurance Coverage

- Insurance Acord – You will need to upload a copy of your current insurance Acord with the Ohio Department of Public Safety, PISGS PO Box 182001, Columbus, OH 43218 Listed as the certificate holder. **It is important that all branch offices being renewed be listed on this document.**

Qualifying Agent Photograph

- Each Qualifying Agent Application must include a color photograph according to the following:



The color photograph must be of the individual alone, sufficiently recent to be a good likeness (taken within the last twelve months), and 2x2 inches in size. The image size measured from the bottom of the chin to the top of the head (including hair) should not be less than 1 inch and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of the face, **and a plain light (white or off-white) background**. The photograph must be taken **without a hat, head covering, or dark glasses**. Headphones, "Bluetooth", or similar devices must **not** be worn in photographs. Any photographs retouched so that the appearance is changed will not be accepted. Snapshots, most vending machine prints, and magazine or Full-length photographs will not be accepted. Digitized photos must meet the previously stated qualifications and will be accepted at the discretion of PISGS. The uploaded photo must be less than 200kb and larger than 50kb.

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**



**Private Investigator Security Guard Services  
Renew License**

<b>Company Name:</b>	YOUR COMPANY NAME (12345678901)	<b>Business Type:</b>	Corporation
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<<<<<< **NOTE:** If your business information has changed, please go to the [Update Provider Info](#) >>>>>>  
<<<<<< in the left navigation box and make those changes prior to renewing your license. >>>>>>

Main Office		Expiration Date
<b>RENEW</b>	12345678901, 1234 YOUR MAIN OFFICE ADDRESS, CITY, STATE, ZIP CODE	03/01/2014
Branch Office		Expiration Date
<input checked="" type="radio"/> Renew <input type="radio"/> Let Expire	23456789011, 5678 FIRST BRANCH OFFICE ADDRESS, CITY, STATE, ZIP CODE	03/01/2014

Main Office section

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

Branch Office section (will only display if your company has a branch office)

- 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.

Sole Proprietor section

<b>Sole Proprietor</b>	
<input checked="" type="radio"/>	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.
<input type="radio"/>	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 & Effect certificate from the Ohio Secretary of State dated for the current year (see Ohio Secretary of State under Required Documents Guidelines).

Worker’s Compensation section

<b>Worker’s Compensation (Choose one)</b>	
<input type="radio"/>	The company had employees and affirms that it had proper worker’s compensation coverage during the previous license year.
<input type="radio"/>	The company had <b>no</b> employees and was not required to obtain worker’s compensation coverage for the previous license year. If you are a corporation, LLC, LP, LPP, or partnership, proof of exemption may be required. If you have questions regarding your worker’s compensation requirement, please contact The Ohio Bureau of Worker’s Compensation @ 800-644-6292, or go to <a href="http://www.ohiobwc.com">www.ohiobwc.com</a> .

Proof of Coverage/Exemption:  Browse... \*

- 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 (see Worker’s Compensation under Required Documents Guidelines).

Unemployment Compensation section

<b>Unemployment Compensation (Choose one)</b>	
<input type="radio"/>	The company had employees and affirms that it obtained proper unemployment compensation coverage through the Ohio Department of Jobs and Family Services during the previous license year.
<input type="radio"/>	Company had <b>no</b> employees and was not required to obtain unemployment compensation coverage through Ohio Jobs and Family Services for the previous license year. If you are a corporation, LLC, LP, LPP, or partnership, proof of exemption may be required. If you have questions regarding your unemployment compensation requirement, please call Job & Family Services @ 866-886-3537, or go to <a href="http://jfs.ohio.gov">jfs.ohio.gov</a> .

Proof of Coverage/Exemption:  Browse... \*

- 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 (see Unemployment Compensation under Required Documents Guidelines).

Ohio Secretary of State section

Ohio Secretary of State
<p><b>Company Name</b></p> <p>Please upload a certificate of good standing OR a full force &amp; effect certificate for corporations, limited liability companies and partnerships for the current year. For information on how to obtain this form, call (614) 466-3910 or Toll Free (877) SOS-FILE (767-3453) or visit the Ohio Secretary of State website at <a href="http://www.sos.state.oh.us/SOS/businessServices/cogs.aspx">http://www.sos.state.oh.us/SOS/businessServices/cogs.aspx</a>.</p> <p><input type="text"/> Browse... *</p>
<p><b>Trade Name</b></p> <p>Please upload a full force &amp; effect certificate for the trade name, if applicable, for the current year. For information on how to obtain this form, call (614) 466-3910 or Toll Free (877) SOS-FILE (767-3453) or visit the Ohio Secretary of State website at <a href="http://www.sos.state.oh.us/SOS/businessServices/cogs.aspx">http://www.sos.state.oh.us/SOS/businessServices/cogs.aspx</a>.</p> <p><input type="text"/> Browse... *</p>

- 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).
- Please upload a full force & effect certificate for the trade name, if applicable, for the current year (see Ohio Secretary of State under Required Documents Guidelines).

General Comprehensive Liability Insurance Coverage section

General Comprehensive Liability Insurance Coverage
<p>Please upload a copy of your current insurance <i>Acord</i> with Ohio Department of Public Safety, PISGS PO Box 182001, Columbus, OH 43218 listed as the certificate holder.</p> <p><b>NOTE: ALL BRANCH OFFICES BEING RENEWED MUST BE LISTED ON THE INSURANCE ACORD.</b></p> <p><input type="text"/> Browse...</p>

- All companies are required to upload a copy of their current insurance *Acord* with PISGS listed as the certificate holder. **All branch offices being renewed must appear on this insurance *Acord*** (see General Comprehensive Liability Insurance Coverage under Required Documents Guidelines).

Qualifying Agent section

**Qualifying Agent(s)**

<< By submitting this application you are verifying that this individual meets all of the prerequisites identified in statute and rule >>  
<< and has not been convicted of a felony in the past 3 years. >>

MUST SELECT YES OR NO FOR EACH QA

JOHN Q ADAMS		QA	<b>RENEW?</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>Personal Information</b>						
<b>First Name</b>		<b>Initial</b>	<b>Last Name</b>		<b>Suffix</b>	<b>Social Security Nbr.</b>
JOHN		Q	ADAMS		None	XXX-XX-8575
<b>Home Address *</b>		<b>Suite/Apt. #</b>	<b>City *</b>	<b>State *</b>	<b>Zip + 4 *</b>	<b>County *</b>
123 MAIN STREET			ANY TOWN	ANY STATE	12345-0000	OHIO COUNTY
<b>Primary Phone *</b>	<b>Secondary Phone</b>	<b>Email Address</b>			<b>Birth Date</b>	<b>Class</b>
(555)-123-1234		AdamsJohnQ@yourcompany.com			08/26/1954	A
<b>Height *</b>	<b>Weight *</b>	<b>Hair Color *</b>	<b>Eye Color *</b>	<b>Hire Date</b>	<b>Original Issue Date</b>	<b>Expiration Date</b>
6 (ft) 1 (in)	210	Gray	Blue	03/15/1994	03/15/1994	03/01/2015
<b>Distinguishing scars, marks, tattoos</b>						
<p>Are you or your spouse a veteran or active member of the United States Armed Forces? If yes, please upload you or your spouse's DD214, current military ID, or current orders.</p> <input type="checkbox"/> Self <input type="checkbox"/> Spouse						
Are you currently a commissioned peace officer, parole officer, prosecuting or assistant prosecuting attorney, correctional employee, youth services employee, firefighter, EMT, probation officer, bailiff, or an investigator of the bureau of criminal investigation?					<input type="radio"/> Yes <input checked="" type="radio"/> No	
Please upload a digitized photo. * Required						
<input type="button" value="Browse..."/>						

- 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.
- For each qualifying agent displayed, you must select either the "Yes" or "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 2" x 2" digitized photo of the qualifying agent that conforms to the standards under the Required Documents Guidelines section.
- When you are finished with the renewal process, make sure you click the  button.
- If you click the  button, you will have to re-start the renewal process from the beginning.

### Update Provider Info. Screen

The **Update Provider Info** screen is used to update the company information. If a license is lost, stolen, or damaged, there is a fee for the replacement license. Any information added, changed, or deleted that appears on the wall license will require a replacement license to be printed and the current wall license will need to be returned to PISGS before the replacement license will be mailed to you.

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

**Current Provider:**  
2013210012345

**General**  
Home Page  
View Announcements  
Authorized Users  
User Guide

**Registrant**  
Search  
Add Registrant  
Renew Registrant  
Update Registrant  
Replacement Card  
Terminate  
Transfer

**FAB**  
Add/Requalify Firearm

**Qualifying Agent**  
Update QA  
Add Qualifying Agent

**Provider**  
Add Branch  
Renew License  
**Update Provider Info**  
Update Insurance Info

**Transaction**  
Cart

**Reports**  
Roster  
Log off



ABC COMPANY LLC (2013210012345)

When you click the **Update Provider Info** selection, the **Update Provider Information** screen will display:





Private Investigator Security Guard Services  
Update Provider Information

Select main or branch office from dropdown list below:

20162100162723 - 123 MAIN STREET, COLUMBUS OH Main Office

Lost, Damaged or Stolen License \$25.00

Company Name License Status  
ABC SECURITY Approved

Trade Name

Expiration Date Business Type Class  
03/01/2017  Corp  Sole Proprietor  LLC  Partnership  Private Investigator & Security Guard (A)  Private Investigator (B)  Security Guard (C)

Company Address (No P.O. Box #) Suite/Apt. #  
123 MAIN STREET

Company Address Line 2

City (no abbreviations) State Zip + 4 County  
COLUMBUS Ohio 43218-0000 Franklin

Company Phone # Company FAX # Company Email Address  
(614) 555-7896 ABC@YAHOO.COM

Mailing Address  Same As Above

Mailing Address Suite/Apt. #  
123 MAIN STREET

Mailing Address Line 2

City (no abbreviations) State Zip + 4 County  
COLUMBUS Ohio 43218-0000 Franklin

Select address to be displayed to the public:  Business Address  Mailing Address

Contact Information

<<<<<< This is the person PISGS will contact with questions regarding licensing and registration issues. >>>>>>

First Name Last Name  
FRED FLINTSTONE

Title

Contact Phone # Extension Contact FAX # Contact Person E-mail Address  
(513) 555-1234 ABC@YAHOO.COM

Documents Required?

Trade Name Registration Certificate from Ohio Secretary of State is required if you add or change a trade name.. Browse...

Exit Submit Update

Transactions are not complete until the fees are paid via the Transaction Cart.

Select the main or branch office you want to change by clicking the drop-down to the right of the main office address. If you select a branch office, the "Main Office" displayed to the right of the drop-down will change to read "Branch Office" to indicate the type of office you are changing.



**Private Investigator Security Guard Services  
Update Provider Information**

Select main or branch office from dropdown list below:

MAIN OFFICE ADDRESS, CITY, STATE, ZIP	▼ Main Office
MAIN OFFICE ADDRESS, CITY, STATE, ZIP	
BRANCH OFFICE #1 ADDRESS, CITY, STATE, ZIP	
BRANCH OFFICE #2 ADDRESS, CITY, STATE, ZIP	
BRANCH OFFICE #3 ADDRESS, CITY, STATE, ZIP	
Company Address (No P.O. Box #) *	
Suite/Apt. #	

When you make your selection, you will notice that the address information on your screen will change to the address of the office you selected from the dropdown box.

If you are replacing a lost, damaged or stolen license associated with this main or branch office, click the box to the left of the “Lost, Damaged or Stolen \$25.00” statement. The box will show a check (✓) mark. When you are finished do not forget to pay your replacement fee.

Lost, Damaged or Stolen License \$25.00

If you are not replacing a lost, damaged or stolen license, do not click on the check box, but continue to make your changes.

**Please remember that the Company Address should not contain a “P.O. Box” number, but the Mailing Address may contain a “P.O. Box” number. If you put a “P.O. Box”, number in the Company Address, your application will be returned and you will be requested to remove the “P.O. Box” number.**

If the information you are changing appears on your license (i.e., adding a trade name, or changing your company address, company address line 2, city, state, or zip code), you are required to return your old license to PISGS.

Your license is to be displayed at your place of business, visible by the public and must show your current business address.

The contact person is the person assigned by the qualifying agent (QA) for PISGS to contact them for anything to do with PISGS. Therefore, it is important to be sure this is not changed unless it is authorized by the QA. This contact will be the one called or emailed by PISGS staff or the PISGS system for receipts and returns. If the company has a branch or more than one branch, the contact person may be different and emails will go to the contact person of that branch office. No emails are sent to the user.

## Update Insurance Info. Screen

The **Update Insurance Info** screen is used to update your company insurance coverage information.

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

**Current Provider:**  
2013210012345

**General**  
[Home Page](#)  
[View Announcements](#)  
[Authorized Users](#)  
[User Guide](#)

**Registrant**  
[Search](#)  
[Add Registrant](#)  
[Renew Registrant](#)  
[Update Registrant](#)  
[Replacement Card](#)  
[Terminate](#)  
[Transfer](#)

**FAB**  
[Add/Requalify Firearm](#)

**Qualifying Agent**  
[Update QA](#)  
[Add Qualifying Agent](#)

**Provider**  
[Add Branch](#)  
[Renew License](#)  
[Update Provider Info](#)  
[Update Insurance Info](#)

**Transaction**  
[Cart](#)

**Reports**  
[Roster](#)  
[Log off](#)



ABC COMPANY LLC (2013210012345)

When you click the **Update Insurance Info** selection, the **Update Insurance Information** screen will display:



**Private Investigator Security Guard Services  
Update Insurance Information**

<b>Company Name</b>		<b>License #</b>	
YOUR COMPANY NAME		2013210012345	
<b>Trade Name</b>			
YOUR TRADE NAME			
<b>Insurance Company Information</b>			
<b>Agent First Name</b>		<b>Middle Initial</b>	<b>Agent Last Name</b>
THELMA		A	LOUISE
<b>Insurance Company Name *</b>			
INSURANCE FOR ALL OCCASSIONS, LLC			
<b>Insurance Company Address *</b>			<b>Suit/Apt.#</b>
1234 YELLOWBRICK ROAD			
<b>Address Line 2</b>			
<b>City *</b>	<b>State *</b>	<b>Zip + 4 *</b>	<b>Company Phone #</b>
NEW HIRAM	New York	12345-0000	(816)-555-5555
<b>Policy Information</b>			
<b>Policy # *</b>	<b>Effective Date *</b>	<b>Expiration Date *</b>	
GLC12345K6	10/01/2014	09/30/2015	
<b>Occurrence Limit *</b>	<b>Aggregate Limit *</b>		
\$100,000.00	\$300,000.00		
<b>Insurance Document</b>			
Upload a copy of your Acord Certificate of Liability Insurance.			<input type="button" value="Browse..."/>
<input type="button" value="Submit"/>		<input type="button" value="Save"/>	<input type="button" value="Exit"/>

You may enter all new insurance company and policy coverage data or, if you are using the same insurance company and policy coverage, enter only the data that has changed. For example, if you keep the same insurance company and policy coverage, only the Effective Date and Expiration Date need to be entered.

You are required to upload your *Acord® Certificate of Liability Insurance* as proof that you have insurance coverage.

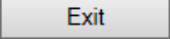
Make certain that your Occurrence Limit and Aggregate Limit meet the required minimum. Otherwise, you will see the following warning messages in red:

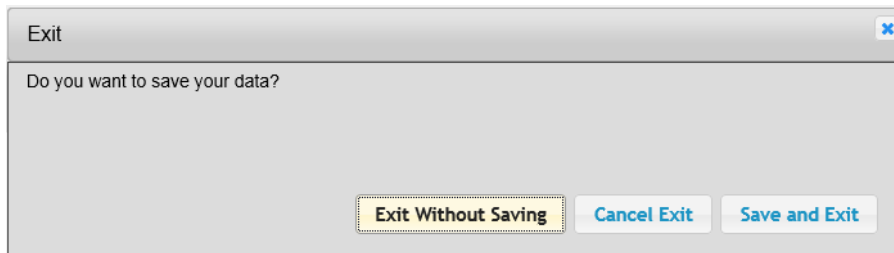
<b>Occurrence Limit *</b> Occurrence Limit equal to or greater than \$100,000.00	<b>Aggregate Limit *</b> Aggregate Limit equal to or greater than \$300,000.00
---	---

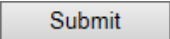
When you are finished entering the insurance data, click one of the following buttons:

<input type="button" value="Submit"/>	<input type="button" value="Save"/>	<input type="button" value="Exit"/>
---------------------------------------	-------------------------------------	-------------------------------------

- If you click the  button, the system will save the entered data and all of the uploaded documents. This will allow you to return to the insurance application prior to submitting it.

- If you click the  button, the system will display the following screen and you will be required to select one of the actions to take:



- If you click the  button, the system will submit you insurance information to PISGS where our staff will review the insurance application.

**Transaction Cart screen**

The **Transaction Cart** screen is used to pay the fees associated with your transactions.

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

**Current Provider:**  
2013210012345

**General**  
Home Page  
View Announcements  
Authorized Users  
User Guide

**Registrant**  
Search  
Add Registrant  
Renew Registrant  
Update Registrant  
Replacement Card  
Terminate  
Transfer

**FAB**  
Add/Requalify Firearm

**Qualifying Agent**  
Update QA  
Add Qualifying Agent

**Provider**  
Add Branch  
Renew License  
Update Provider Info.  
Update Insurance Info

**Transaction**  
**Cart**

**Reports**  
Roster  
Log off



ABC COMPANY LLC (2013210012345)

When you click the **Cart** selection, the **Transaction Cart** screen will display showing all of the transactions and respective fees to be paid:



**Private Investigator Security Guard Services**  
**TRANSACTION CART**

To remove a transaction from the Transaction Cart, click on the REMOVE button and click "Yes" on the confirmation box.  
Click on the Select box to the left of the transactions to be processed (transactions not selected will be removed on the Expiration Date)  
Click on the PAY FEES button to pay the transaction fees you have selected.

**Main Cart**

<input type="checkbox"/> Select All	Added By	Transaction	Status	Exp. Date	Name	License/ Registration #	Fee	
<input type="checkbox"/>	BBYERS	Renew Registrant	Applied	09/13/2013	JANE DUPREE	2003003344	\$25.00	<a href="#">Remove</a>
<input type="checkbox"/>	BBYERS	Renew Registrant	Applied	09/13/2013	ANDREW ADAMS	2004001222	\$25.00	<a href="#">Remove</a>
<input type="checkbox"/>	BBYERS	Renew Registrant	Applied	09/13/2013	BENNIE BATES	2005002345	\$25.00	<a href="#">Remove</a>
							<b>Total</b>	\$0.00

Credit Card  Checking

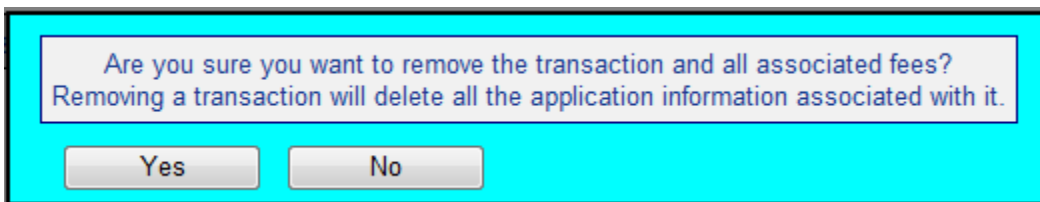
Clear

Pay Fees/Re-Submit

Exit

Transactions are not complete until the fees are paid via the Transaction Cart.

If you want to remove a transaction, click on the Remove selection on the right-hand side of the screen. The following warning message will be displayed:



If you click the **Yes** button for the selected transaction, the system will remove the transaction and associated fee as though you never created the transaction and the transaction cart will appear as follows:



**Private Investigator Security Guard Services**  
**TRANSACTION CART**

To remove a transaction from the Transaction Cart, click on the REMOVE button and click "Yes" on the confirmation box. Click on the Select box to the left of the transactions to be processed (transactions not selected will be removed on the Expiration Date) Click on the PAY FEES button to pay the transaction fees you have selected.

**Main Cart**

<input type="checkbox"/> Select All	Added By	Transaction	Status	Exp. Date	Name	License/Registration #	Fee	
<input type="checkbox"/>	BBYERS	Renew Registrant	Applied	09/17/2013	ANDREW ADAMS	2004001222	\$25.00	<a href="#">Remove</a>
<input type="checkbox"/>	BBYERS	Renew Registrant	Applied	09/17/2013	BENNIE BATES	2005002345	\$25.00	<a href="#">Remove</a>
							<b>Total</b>	\$0.00

Credit Card  Checking

Transactions are not complete until the fees are paid via the Transaction Cart.

If you want to pay for all of the transactions appearing in the **Transaction Cart**, click the **Select All** check box on the left-hand side of the screen under the **Main Cart** section. A check (√) mark will appear in all of the boxes to the left of the transactions to be paid.



**Private Investigator Security Guard Services**  
**TRANSACTION CART**

To remove a transaction from the Transaction Cart, click on the REMOVE button and click "Yes" on the confirmation box. Click on the Select box to the left of the transactions to be processed (transactions not selected will be removed on the Expiration Date) Click on the PAY FEES button to pay the transaction fees you have selected.

**Main Cart**

<input checked="" type="checkbox"/> Select All	Added By	Transaction	Status	Exp. Date	Name	License/Registration #	Fee	
<input checked="" type="checkbox"/>	BBYERS	Renew Registrant	Applied	09/13/2013	JANE DUPREE	2003003344	\$25.00	<a href="#">Remove</a>
<input checked="" type="checkbox"/>	BBYERS	Renew Registrant	Applied	09/13/2013	ANDREW ADAMS	2004001222	\$25.00	<a href="#">Remove</a>
<input checked="" type="checkbox"/>	BBYERS	Renew Registrant	Applied	09/13/2013	BENNIE BATES	2005002345	\$25.00	<a href="#">Remove</a>
							<b>Total</b>	\$75.00

If you only want to pay for certain transactions, click the box to the left of the transaction(s) you want to pay during this session.



Private Investigator Security Guard Services  
**TRANSACTION CART**

To remove a transaction from the Transaction Cart, click on the REMOVE button and click "Yes" on the confirmation box.  
Click on the Select box to the left of the transactions to be processed (transactions not selected will be removed on the Expiration Date)  
Click on the PAY FEES button to pay the transaction fees you have selected.

All transactions ***MUST*** be paid prior to the transaction expiration date; if not, they will be removed from the Cart.

**Main Cart**

<input checked="" type="checkbox"/> Select All	Added By	Transaction	Status	Exp. Date	Name	License/ Registration #	Fee	
<input checked="" type="checkbox"/>	BBYERS	New Registrant	Applied	06/04/2014	ANDREW ADAMS	2004001222	\$40.00	<a href="#">Remove</a>
<input checked="" type="checkbox"/>	BBYERS	Add Firearm	Applied	06/04/2014	BENNIE BATES	2005002345	\$15.00	<a href="#">Remove</a>
<b>Total</b>							<b>\$55.00</b>	

When you are finished making your selections, click the method of payment (Credit Card or Checking) you want to use to pay the fees, and then click the **Pay Fees/Re-Submit** button.

Credit Card    Checking

Transactions are not complete until the fees are paid via the Transaction Cart.

If you decide not to pay the fees at this time, your transactions will not be processed and they will remain in the Transaction Cart until they are paid, removed by you, or exceed the Exp. Date (expiration date).

All registration renewals must be paid for by midnight on the expiration date or they will expire.



### Pay by Credit Card Screen

If you selected "Credit Card" as your method of payment, the following screen will be displayed. Fill in the fields with your credit card information. The fields with an asterisk (\*) prefix are required fields.

**Enter Payment Information**  
Please enter your credit card payment and billing information below. All of the fields marked with an asterisk are required. The following link provides information regarding the card security code.

**ODPS - ALRS (BETA) Payment Summary**  
Total: \$50.00

**Payment Information**

\* Credit Card Number:  \* Credit Card Type:

\* Expiration Month:  \* Expiration Year:

\* Card Security Code:

**Billing Information**

First Name:  Middle Name:

\* Last/Business Name:  \* Phone:

\* Address Line 1:  Address Line 2:

\* City:  \* State/Province/Region:

\* Zip/Postal Code:  Country:

Email:

**IMPORTANT: Do not close the browser window until the CBOSS Payment Receipt screen comes into view. Applications are not submitted until confirmation is received.**

**Pay by Personal Check Screen**

If you selected "Checking" as your method of payment, the **Enter Payment Information** screen will be displayed. Fill-in the fields with your checking account information. The fields with an asterisk (\*) prefix are required fields.

**Enter Payment Information**

Please enter your electronic check payment and billing information below. All of the fields marked with an asterisk are required.

Your checking account number **SHOULD NOT** include the 4-digit check number that usually appears on your check either before or after the checking account number.

*Check Number* **0123**

John Doe  
1234 Main Street  
Anytown, US 12345-1234

Date: \_\_\_\_\_

Pay to the Order of: \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

For: \_\_\_\_\_

123456789 1234567893210 0123

*Routing Number    Account Number    Check Number*

**ODPS - ALRS (BETA) Payment Summary**

Total: \$50.00

**Payment Information**

\* Bank Routing Number:       \* Confirm Routing Number:

\* Bank Account Number:       \* Confirm Account Number:

**Billing Information**

First Name:       Middle Name:

\* Last/Business Name:       \* Phone:

\* Address Line 1:       Address Line 2:

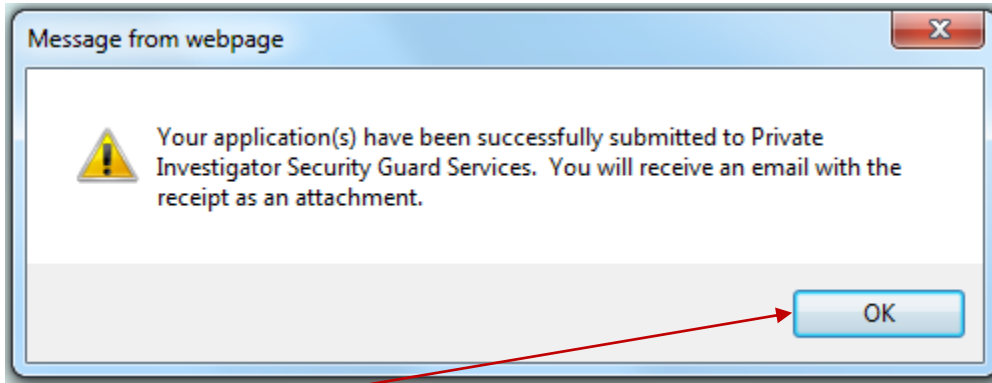
\* City:       \* State/Province/Region:

\* Zip/Postal Code:       Country:

Email:

When you click the **Continue** button, the system will display the following message letting you know that your application (s) has been submitted successfully. The contact person will receive a confirmation e-mail with the receipt as an attachment. We recommend that you print this receipt for your company records.

**IMPORTANT: Do not close the browser window until the CBOSS Payment Receipt screen comes into view (see CBOSS Payment Receipt screen below). Applications are not submitted until confirmation is received.**



When you click the **OK** button, the system will display the **CBOSS Confirmation Information** screen. You may want to print this screen for your company records in lieu of or in addition to the e-mail attachment—your contact person may not be the same person making the transaction payment.

**CBOSS Payment Receipt Screen**

**CBOSS Confirmation Information**

Name YOUR COMPANY NAME  
 Address ANY STREET  
 Address 2  
 City/State/Zip Code ANY TOWN , OH 55555  
 Phone # 5551234  
 Country  
 Email Address  
 Payment Amount 50.00  
 Order Number 9961131001512  
 Transaction Number 11770  
 Transaction Status Authorized  
 Date Authorized 9/3/2013 11:28:19 AM  
 Messages

Transaction	Name	Payment Status	ApplicationID	Fee
Renew Registrant	ANDREW ADAMS	Complete	00002197	\$25.00
Renew Registrant	BENNIE BATES	Complete	00002198	\$25.00
			<b>Total</b>	<b>\$50.00</b>

**Roster Screen**

The **Roster** selection is used to display various rosters that may be used by your organization. You can also use this application to create a spreadsheet or PDF file of your registrants.

**Please note: Due to security restrictions, the system will automatically log you off after 20 minutes of inactivity and you will have to log in again. All data entered and documents uploaded that were not saved prior to this automatic log off, must be reentered.**

**Current Provider:**  
2013210012345

**General**  
Home Page  
View Announcements  
Authorized Users  
User Guide

**Registrant**  
Search  
Add Registrant  
Renew Registrant  
Update Registrant  
Replacement Card  
Terminate  
Transfer

**FAB**  
Add/Requalify Firearm

**Qualifying Agent**  
Update QA  
Add Qualifying Agent

**Provider**  
Add Branch  
Renew License  
Update Provider Info.  
Update Insurance Info


**Transaction**  
Cart

**Reports**  
**Roster**  
Log off



ABC COMPANY LLC (2013210012345)

When you click the **Roster** selection, the following **Roster** screen is displayed.

 **Private Investigator Security Guard Services  
ROSTER**

**Company:** YOUR COMPANY NAME (12345678901)  
**Trade Name:** YOUR TRADE NAME (if applicable)

Select ALL or Main Office or Branch Office or any combination.

All

**Main Office**

12345678901, 1234 YOUR MAIN OFFICE ADDRESS, CITY, STATE, ZIP CODE

**Branch Office(s)**

23456789011, 5678 BRANCH OFFICE # 1 ADDRESS, CITY, STATE, ZIP CODE  
 34567890112, 7899 BRANCE OFFICE #2 ADDRESS, CITY, STATE, ZIP CODE  
 456456789011. 5522 BRANCH OFFICE #3 ADDRESS. CITY. STATE. ZIP CODE  
 62355678901547, 9524 BRANCH OFFICE #4 ADDRESS, CITY, STATE, ZIP CODE

**Select Status**

All  
 Applied (APL)  
 Approved (APR)  
 Closed (CLO)  
 Denied (DNY)  
 Expired (EXP)  
 Terminated (TRM)

**Select FAB (Choose one)**

All Registrants  
 Registrants with FAB's only  
 Registrants with no FAB's only

If you click the **All** check box under the **Select ALL or Main Office or Branch Office or any combination** section, the system will display a roster for the entire company (i.e. main office and all branch offices).

If you click on the check box under the **Main Office** section, the system will display a roster for the main office only.

If you click on a Branch Office check box under the **Branch Office(s)** section, the system will display a roster for the selected branch office.

You may click on any combination of check boxes to create the desired roster.

You must also select the Status of the registrants you want to appear on your roster.

If you click on the **All** box under the **Select Status** section, the system will show the registrants with their respective status (i.e., APL, APR, CLO, etc.).

You may click on any combination of Status check boxes for your roster.

If you click on the **All Registrants** radio button under the **Select FAB** section, the system will create a roster based on what you selected in the above check boxes regardless if they have an FAB endorsement or not.

If you click on the **Registrants with FAB's only** radio button under the **Select FAB** section, the system will create a roster based on what you selected in the above check boxes for registrant's who have FAB endorsements only (i.e., only those registrant's who have an FAB endorsement will appear on this roster) .

If you click on the **Registrants with no FAB's only** radio button under the **Select FAB** section, the system will create a roster based on what you selected in the above check boxes for only those registrant's who do not have FAB endorsements (i.e., registrant's with FAB endorsements will not appear on this roster).

If you click the **Clear** button, the system will clear all selections allowing you to start over again.

If you click the **Exit** button, the system will exit the roster process and return to the Home Page so you can make another selection, or end processing.

If you click the **Search** button, the system will display the roster sorted in last name sequence. For example, the following roster is displayed based on the boxes containing a check (√) mark and the radio button selected.

		Save as Excel		Save as PDF						
	Name	Reg. #	Status	Class	Birth Date	Hire Date	Received Date	Expire Date	Term. Date	FAB
Select	ADAMS, ANDREW	2004001222	APR	C	1989/05/29	2012/05/15	2012/05/16	2014/05/25		Automatic - 2014/10/21
Select	BATES, BENNIE	2005005412	APR	C	1960/10/25	2013/05/02	2013/05/07	2014/05/08		Automatic - 2014/11/19
Select	CARNEY, CLEM	2011000124	APR	C	1986/09/02	2011/05/02	2011/05/06	2014/05/21		Automatic - 2014/05/12
Select	DAILY, DALE D	2013111059	APR	C	1985/06/21	2013/06/08	2013/07/24	2014/08/09		Automatic - 2014/07/24

If you click on the Name column header, the system will sort the roster in descending sequence by last name. If you click on the Name column header again, the system will sort the roster in ascending sequence by last name.

By clicking on each column header (i.e. Name, Reg #, Status, Class, Birth Date, Hire Date, Received Date, Expire Date, and Term. Date) the system will sort the roster in either ascending or descending sequence for you viewing.

You can also click the **Save as Excel** to create an MS-Excel spreadsheet, or click the **Save as PDF** to create a PDF file for printing.

If you want to see more detailed information about an individual, click on the **Select** button to the left of the individual's name. For example, if you wanted to see more information about Andrew Adams, you would click on the **Select** button to the left of Andrew Adams on the roster and the following **Registrant Information** screen will be displayed.



**Private Investigator Security Guard Services  
Registrant Information**

Registration #:	2004001222			
First Name	Initial	Last Name	Suffix	
ANDREW		ADAMS	000	
SSN	Primary Phone #	Secondary Phone #	Email Address	
XXX-XXX-1234	(555) 555-1234			
Height	Weight	Hair Color	Eye Color	Class
5' 9"	180	BLN	BLU	C
Birth Date	Hire Date	Issue Date	Expiration Date	
07/15/1986	03/30/2011	03/29/2011	03/29/2014	
Distinguishing scars, marks, tattoos				
HINGE TATTOO ON INSIDE OF BOTH ARMS. BALD EAGLE ON CHEST.				
<b>Current Home Address</b>				
Home Address			Suite/Apt #	
3535 ANY STREET				
City	State	Zip Code	County	
MY TOWN	OH	44114	CUYAHOGA	
<b>FAB Information</b>				
Revolver Expiration Date	Semi-Automatic Expiration Date	Shotgun Expiration Date		
	01/30/2014			

The data fields on this **Registrant Information** screen cannot be changed. It is for information purposes only.

Log off Screen

The **Log off** selection is used to end processing.

**Current Provider:**  
2013210012345

**General**  
Home Page  
View Announcements  
Authorized Users  
User Guide

**Registrant**  
Search  
Add Registrant  
Renew Registrant  
Update Registrant  
Replacement Card  
Terminate  
Transfer

**FAB**  
Add/Requalify Firearm

**Qualifying Agent**  
Update QA  
Add Qualifying Agent

**Provider**  
Add Branch  
Renew License  
Update Provider Info.  
Update Insurance Info

**Transaction**  
Cart

**Reports**  
Roster

**Log off** ←



ABC COMPANY LLC (2013210012345)

When you click the **Log off** selection the system will check to see if you have any unpaid transactions in the Transaction, Cart. If you have unpaid transaction, the system will display the following message:

**Unpaid Transactions** ✕

You have unpaid transaction(s) in your cart. Click "Pay" to pay for them, or click "Log Off" to continue to log off and pay your transactions at a later time.

Pay
Logoff

If you click the Pay button, the system will take you to the **Transaction Cart** screen where you can pay for any transactions that have not yet been submitted for processing.

If you click the Logoff button, or you do not have any unpaid transactions, the system will display the **Login** screen.



## Private Investigator/Security Guard Services Login Page

This site is for the use of private investigators/security guards for the purpose of submitting applications for licenses with the State of Ohio.

Security Bulletin	Login
<p style="text-align: center;"><b><u>Warning Notice to Users</u></b></p> <p>This is a State of Ohio computer system and is the property of the State of Ohio. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy.</p> <p>Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, State of Ohio, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or State of Ohio personnel.</p> <p>Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. EXIT IMMEDIATELY if you do not agree to the conditions stated in this warning.</p>	<p><b>User Name:</b>  <input type="text"/></p> <p><b>Password:</b>  <input type="password"/></p> <p style="text-align: center;"><input type="button" value="Login"/></p> <p style="text-align: center;"><a href="#">Need an account? Click Here</a>   <a href="#">Forgot password?</a></p>