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**New Mexico Regulation and Licensing Department**  
**BOARDS AND COMMISSIONS DIVISION**  
**Private Investigations Advisory Board**

Toney Anaya Building ▪ 2550 Cerrillos Road ▪ Santa Fe, New Mexico 87505  
(505) 476-4650 ▪ Fax (505) 476-4545 ▪ [www.rld.state.nm.us/PrivateInvestigations](http://www.rld.state.nm.us/PrivateInvestigations)

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**INSTRUCTIONS FOR PRIVATE PATROL OPERATOR LICENSE (PPO)**

**Application for PPO License must include the following information:**

1. Complete the PPO Application and sign before a Notary Public.
2. Any “Yes” answers for questions A through J on page 2 of the application require further information.
3. A “Yes” answer on question B requires a date of conviction; the city/county/judicial district/state of the action; a copy of all pertinent court documents and records; name of the judge; terms of probation; name of probation officer.
4. If you have used a different name, you must explain why and when.
5. Proof of experience of actual work performed as a security guard consisting of not less than 4,000 hours of actual work performed as a guard, watchman, or patrolman or an equivalent position, one year of which shall have been in a supervisory capacity; the experience shall have been acquired within five (5) years preceding the filing of the application with the department; years of qualifying experience and the precise nature of that experience shall be substantiated by written certification from the applicant's employers and shall be subject to independent verification by the department as it determines is warranted.

**The following documents must be submitted with the application for licensure:**

1. Application fee payable to the Private Investigations Advisory Board. All fees are non-refundable.
2. Two recent 2” x 2” “Passport Type” photos stapled to the front page of the application. Do not use tape or paste.
3. Certification of Experience forms, to verify qualifications; signed and notarized.
4. Proof of age (birth certificate, driver’s license, State issued ID, or baptismal certificate). Must be at least 21 years of age.
5. RLD Release of Information form and DPS Authorization for Release of Information form.
6. Department issued jurisprudence exam.
7. Firearms Certification (optional).

**FBI Identification and NM State Criminal Record.** In addition to the documents listed above, you will have to complete two fingerprint cards. Fingerprints must be on Regulation and Licensing Department/Private Investigations Advisory Board coded fingerprint cards. To obtain those cards, please contact RLD at (505) 476-4650 and they will be mailed to you, or, you may come into our offices located at the Toney Anaya Building, 2550 Cerrillos Road, Second Floor, Santa Fe, New Mexico. Complete the card with signature, date of birth, place of birth, height, weight, social security number and license type.

Fingerprints must be taken under the supervision of and certified by a New Mexico state police officer, a county sheriff, a municipal chief of police or by comparable officers in the applicant’s state of residence if the applicant is not a resident of New Mexico or a RLD approved private agency or individual.

Submit both cards to the NM Department of Public Safety **with a money order or cashier’s check for \$44.00 made payable to the “NM Department of Public Safety”**. This is the charge for the FBI and the state record. Cards submitted with the incorrect amount or with personal checks will be returned to the applicants.

Please mail the cards and the payment to:

**Fingerprint Section**  
**NM Department of Public Safety**  
**P.O. Box 1628**  
**Santa Fe, NM 87504-1628**

# PRIVATE PATROL OPERATOR LICENSE APPLICATION

THIS FORM MUST BE LEGIBLE AND SIGNED IN THE PRESENCE OF A NOTARY

Non-Refundable Fees:      Application Fee      \$200.00

Department Use Only:  
Check or MO # \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Experience Certification \_\_\_\_\_  
Age verification \_\_\_\_\_  
Firearms Certification \_\_\_\_\_  
Jurisprudence Exam \_\_\_\_\_  
RLD Release of Information \_\_\_\_\_  
DPS Release of Information \_\_\_\_\_

## PERSONAL INFORMATION

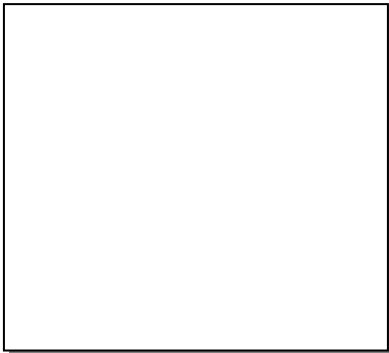
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

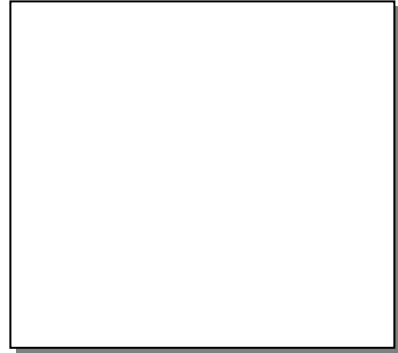
Sex: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_

**ATTACH TWO 2" x 2" RECENT PHOTOGRAPHS.** If you wear glasses, tinted lenses, etc. please indicate below. Dark or fuzzy pictures, side views and photos with sunglasses are unacceptable.



*Staple photos to application*

**DO NOT  
paste or tape**



I certify that I wear \_\_\_\_\_  
(Tinted eye glasses, glasses, etc.)

**\*All license information is subject to the Inspection of Public Records Act.**

# PRIVATE PATROL OPERATOR LICENSE APPLICATION

**ANSWER THE FOLLOWING QUESTIONS:** Explain any yes answers on a separate page.

If you answer **yes** to question B you **MUST** submit a copy of all pertinent court documents and records, the date of conviction, the city/county/state of the action and terms of probation. The Department may request additional information.

A. Have you ever used a name other than the name shown above? If yes, list name(s) used and give all details on a separate page.	YES	NO
B. Have you ever been convicted of a felony or misdemeanor? This includes deferred prosecution, judgment, pleas of guilty or nolo contendere in any state, territory, district of the United States or a foreign country.	YES	NO
C. Have you ever been arrested for a felony or misdemeanor?	YES	NO
D. Have you ever applied to or been licensed as a private patrol operator in any state, foreign country, territory, or institution?	YES	NO
E. Have you ever had any disciplinary action taken against a private patrol operator license or any other professional/occupational license held by you or by any partnership or corporation of which you were a partner or officer, in any state, territory, district of the United States or a foreign country? Disciplinary action includes, but is not limited to, suspension, probation, practice limitations, reprimand, letter or admonition, censure, and any allegations currently pending.	YES	NO
F. Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state?	YES	NO
G. Do you use alcohol or chemical substances in any way that impairs or limits your ability to work with reasonable skill and safety?	YES	NO
H. Are you currently engaged in the illegal use of dangerous or narcotic drugs?	YES	NO
I. Have you ever been found to have violated the requirements of a state or federal labor, tax or employee benefit law or rule?	YES	NO
J. Have you ever been licensed or registered by the New Mexico Private Investigations Advisory Board? If yes, list your number: _____	YES	NO

**EMPLOYMENT RECORD OF APPLICANT FOR PAST 5 YEARS:**

*Enter most recent first, account for periods of unemployment, use additional sheets if necessary.*

Dates	Employer's Name & Address	Job Duties

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# PRIVATE PATROL OPERATOR LICENSE APPLICATION


I \_\_\_\_\_, under penalty of perjury, HEREBY DEPOSE AND STATE, that I am the person described and identified in this application and the information given by me is true and complete to the best of my knowledge and belief. I understand that any information contained in this application may be investigated and any false or dishonest answer to any question in this application may be grounds for denial or revocation of my license.

I further understand I cannot work as a private investigator until I have received a license issued by the Regulation and Licensing Department.

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

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

BEFORE ME on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared the above-named applicant who, being duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_

**PRIVATE PATROL OPERATOR LICENSE APPLICATION**

**RELEASE OF INFORMATION**

Print or Type Clearly

I, \_\_\_\_\_  
Last Name First Name Middle

Social Security # \_\_\_\_\_, Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

currently residing at \_\_\_\_\_  
Street City State Zip Code

Having made application with the Regulation and Licensing Department for Private Patrol Operator Licensure under the Private Investigations Act [Chapter 61, Article 27B NMSA 1978] and rules [Title 16, Chapter 48 NMAC] understand that a comprehensive investigation of my background may be conducted in connection with this application.

I do hereby give the officials of the Regulation and Licensing Department and the Private Investigations Advisory Board the authority to conduct any such investigation; and do hereby authorize the release of any and all such information that pertains to my work history, any arrest information, and/or any other information on general qualifications for fitness to practice as a licensee as requested by this state agency.

I have read, understand, and shall retain a copy of this document for my records.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(sign only before a Notary Public)

**Notary:** Ensure that this document is signed by the applicants in your presence, and that the applicant's name, social security number, and date of birth are verified by a valid form of identification.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

STATE OF \_\_\_\_\_  
Notary Public

COUNTY OF \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

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# PRIVATE PATROL OPERATOR LICENSE APPLICATION

**CERTIFICATE IN SUPPORT OF EXPERIENCE QUALIFICATION**  
**To be completed by former/present employer**

NOTE: Four thousand (4,000) hours of qualifying experience must have been acquired within the five (5) years preceding the filing of the application with the Department. Actual work must have been performed as a guard, watchman, or patrolman or an equivalent position, one year of which shall have been in a supervisory capacity.

<b>Applicant name</b>	
<b>Name of Business</b>	
<b>Business Address</b>	
<b>Business Phone Number</b>	
<b>Business Owner</b>	
<b>Supervisor Name</b>	
<b>Dates Employed</b>	<b>From:</b> _____ <b>To:</b> _____
<b>Position(s) held</b>	
<b>Number of Hours Worked</b>	

I, \_\_\_\_\_, present/former employer verify that the above named applicant is or was employed with the above named company. I further understand that said person has made application to the Regulation and Licensing Department/Private Investigations Advisory Board for a Private Patrol Operator license, and I hereby depose that I know, of my own knowledge that the applicant was employed for a period of not less than that indicated above.

Describe in detail the exact duties of employee while at said company. Attach additional pages if necessary.

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