



# OIDS APPLICATION FOR INVESTIGATOR

## PERSONAL DATA

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 SSN or FEI #: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## PROFESSIONAL DATA

P.I. License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Armed: \_\_\_\_\_  
 (Yes or No)  
 Years of Experience: \_\_\_\_\_ Police Certification \_\_\_\_\_ State: \_\_\_\_\_  
 (Yes or No)  
 Special Investigative Training or Skills: \_\_\_\_\_  
 \_\_\_\_\_  
 Professional References: \_\_\_\_\_  
 \_\_\_\_\_  
 (Attach additional sheet if necessary)

## AGENCY DATA

Agency Name: \_\_\_\_\_  
 Agency Chief: \_\_\_\_\_ Agency Address: \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_  
 Agency License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Insurance or Bonding Co.: \_\_\_\_\_  
 Expiration Date of Insurance or Bond: \_\_\_\_\_  
 Counties where assignments will be accepted: \_\_\_\_\_  
 Types of cases preferred: \_\_\_\_\_

I, the undersigned applicant, hereby request that my name be added to the list of private investigators authorized to handle Indigent Defense System cases. I agree to comply with the laws of the State of Oklahoma and the rules, regulations and policies of the Oklahoma Indigent Defense System while working on any Indigent Defense System case I may be assigned. I authorize the Oklahoma Indigent Defense System to verify the information provided above.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**To be eligible to work on Indigent Defense System cases, OIDS policy requires that you maintain on file with the System legible photostatic copies of a current Oklahoma Private Investigator license and a current Oklahoma Investigative Agency license. For your name to be added to the list of private investigators authorized to handle Indigent Defense System cases, copies of such licenses must be attached to this application.**

### OIDS USE ONLY

Current Agency License Attached  Yes  No  
 Current Private Investigator License Attached  Yes  No

- Approved for addition to list of investigators authorized to handle OIDS cases.
- Disapproved for addition to list of investigators authorized to handle OIDS cases.

For Internal Use Only
_____ Date Received