



# **NEBRASKA ASSOCIATION OF LICENSED PRIVATE INVESTIGATORS**

## **Application for Membership**

### **INSTRUCTIONS FOR COMPLETING THE APPLICATION:**

Please read the application carefully and completely provide all of the requested information, using only black or blue ink. You may use additional sheets of paper and/or attach documentation that you feel is relevant in considering your application, so long as such documentation is added to the completed application as an addendum and not as a substitution to any requested information. Please provide copies only of your documents as we cannot guarantee the return of any original documents submitted for review.

All completed applications must be accompanied by a \$15USD nonrefundable application fee (check, money order, or bank draft made out to "NALPI - Nebraska Association of Licensed Private Investigators"; please do not send cash).

Please mail the completed application to:

NALPI

(Atn: Membership Committee)

PO Box 84601

Lincoln, NE 68501-4601

### **NOTIFICATION**

Once received, the application will be researched and decided upon on within thirty (30) calendar days. The applicant will then be notified of the decision by both email and in writing by regular mail, to the address listed on the application.

Upon acceptance, the applicant/new member will receive a certificate of membership and will be listed in the NALPI membership directory at [www.NALPI.org](http://www.NALPI.org).



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## Application for Membership

### APPLICANT

Full name (firstname, middle name, surname) of applicant: \_\_\_\_\_

\_\_\_\_\_

Aliases used by applicant: \_\_\_\_\_

Previous names used by applicant: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of birth (city, state): \_\_\_\_\_

### BUSINESS INFORMATION

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business website address: \_\_\_\_\_

Business telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your current position and title: \_\_\_\_\_

Length of employment: \_\_\_\_\_



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### CONTACT INFORMATION

Mobile telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

e-mail address (primary): \_\_\_\_\_

e-mail address (secondary, if relevant): \_\_\_\_\_

### CRIMINAL HISTORY

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain when, where and what the specific charge was. Please provide all relevant details (attached documents as required).

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### INVESTIGATIVE EXPERIENCE

Number of years of investigative experience: \_\_\_\_\_

Summarize your investigative experience/history (attach documents if necessary): \_\_\_\_\_

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Please list the types of investigation you conduct:

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### CURRENT LICENSING CREDENTIALS

Do you currently hold investigative licensure with the State of Nebraska, either as a Plain-Clothes Investigator or a Private Detective? \_\_\_\_\_

Do you currently own a Private Detective Agency? \_\_\_\_\_

Private Detective License number (if not applicable, list as "N/A"): \_\_\_\_\_

Plain-Clothes Investigator License number (if not applicable, list as "N/A"): \_\_\_\_\_

Private Detective Agency License number (if not applicable, list as "N/A"): \_\_\_\_\_



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### REFERENCES

Please list the names and telephone numbers of the three (3) professional references whose letters of recommendation should be attached to this application (see the recommendation forms on the following pages):

Reference 1 name: \_\_\_\_\_

Reference 1 contact telephone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reference 2 name: \_\_\_\_\_

Reference 2 contact telephone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reference 3 name: \_\_\_\_\_

Reference 3 contact telephone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### ACCEPTANCE OF RELATED BY-LAWS AND CODE OF ETHICS

If accepted, do you agree to abide by the NALPI by-laws and its Code of Ethics? \_\_\_\_\_

**I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON ALL PAGES OF THIS APPLICATION IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT OMISSION, DISTORTION AND/OR FALSIFICATION OF ANY FACT PROVIDED IN THIS APPLICATION BY MYSELF OR MY REFERENCES CAN RESULT IN IMMEDIATE AND PERMANT REMOVAL FROM THE NEBRASKA ASSOCIATION OF LICENSED PRIVATE INVESTIGATORS, AND THAT THE ASSOCIATION MAY REPORT ANY SUCH ACTIONS OR INFORMATION TO THE LICENSING OVERSIGHT AGENCY (IN THIS CASE, THE NEBRASKA SECRETARY OF STATE - LICENSING DIVISION) FOR POSSIBLE DISCIPLINARY ACTION AS THAT AGENCY MAY DEEM FIT.**

Signature of Applicant: \_\_\_\_\_

Applicant name (printed): \_\_\_\_\_

Date of signature and application (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# NEBRASKA ASSOCIATION OF LICENSED PRIVATE INVESTIGATORS

## Application Recommendation Form

I, \_\_\_\_\_ (your name – please print),

do hereby recommend \_\_\_\_\_ (name of applicant)

as a member of your organization, as representing the state-licensed investigators of the State of Nebraska.

I affirm that I have known the applicant for \_\_\_\_\_ years.

My knowledge of the applicant is personal/professional/both personal and professional (please circle appropriately).

I have firsthand knowledge of this individual in regards to professional dealings and conduct regarding character, ethics, and moral behavior, which I would characterize as having been very positive.

Name (printed): \_\_\_\_\_

Name (signature): \_\_\_\_\_

Date of signing (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Contact mailing address: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Please be aware that verification of your recommendation may be necessary, so please provide contact address and telephone number when you can be reached during regular business hours.*



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