



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.



NEBRASKA ASSOCIATION OF LICENSED PRIVATE INVESTIGATORS

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: _____



NEBRASKA ASSOCIATION OF LICENSED PRIVATE INVESTIGATORS

Application for Membership

INVESTIGATIVE EXPERIENCE

Number of years of investigative experience: _____

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

Please list the types of investigation you conduct:

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"): _____



NEBRASKA ASSOCIATION OF LICENSED PRIVATE INVESTIGATORS

Application for Membership

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.



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.



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.