License Renewal User Guide

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Updated: 01.08.2016

Ohio Department of Public Safety
Private Investigator Security Guard Services
1970 W. Broad Street
PO Box 182081
Columbus, OH 43218-2081

pisgs.ohio.gov

Mission Statement
"to save lives, reduce injuries and economic loss, to administer Ohio's motor vehicle laws and to preserve the safety and well being of all citizens with the most cost-effective and service-oriented methods available."

Introduction

The purpose of this user guide is to provide current PISGS license holders who have online access with information on how to renew main office licenses, branch office licenses, and qualifying agents using the Renew License online process. If you do not currently have online access, we strongly recommend that you create an online account as soon as possible.

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License Renewal Letter

All approved providers were e-mailed a letter December 11 regarding the upcoming license renewal season.

OHIO DEPARTMENT OF PUBLIC SAFETY
SAFETY · SERVICE · PROTECTION

- Bureau of Motor Vehicles
- Emergency Management Agency
- Emergency Medical Services
- Office of Criminal Justice Services
- Ohio Homeland Security
- Ohio State Highway Patrol

John R. Kasich, Governor
John Born, Director
Geoff Dutton
Executive Director

Private Investigator Security Guard Services
1970 West Broad Street
P.O. Box 182001
Columbus, Ohio 43218-2001
(614) 466-4130
www.pisgs.ohio.gov

December 11, 2015

Dear Licensee:

All Class A, Class B, and Class C licenses expire on March 1, 2016, pursuant to Chapter 4749.03 of the Ohio Revised Code (ORC). All company providers wishing to remain licensed to provide investigative or security services in Ohio must renew their license and qualifying agent(s) with Private Investigator Security Guard Services (PISGS) beginning January 1, 2016.

The PISGS online system is the most efficient way to renew your company license. A User Guide with detailed instructions is available when you log in to the "Existing Provider Company Log In" at the PISGS website. If you have forgotten your password, go to the PISGS website and select Existing Provider Company Login. Select "forgot password" below where you login and follow instructions. If you haven't previously used the online system, you must set up a company account before proceeding with the online renewal. Complete the Online Access Application (form PSU 0021) available on our website www.pisgs.ohio.gov and e-mail it to pisglr@dps.ohio.gov or fax it to (614) 466-0342. The Licensing Unit will send you an e-mail when the completed form has been received with instructions on how to proceed with creating your account. We strongly recommend that these accounts be set up prior to January 1, 2016.

When you log on to your company account, the link "Renew License" will be available January 1, 2016. When PISGS has received your application, you will receive a confirmation e-mail or fax. There is no need to contact PISGS for confirmation.

Required documents to upload must be in one of the following formats: .doc, .docx, .pdf or .jpeg.

You can follow the status of your online renewal when you are logged into your account. Once approved, wall licenses and qualifying agent cards will be mailed.

ALL COMPANIES ARE REQUIRED TO SUBMIT THE FOLLOWING:

□ 2" x 2" head shot photo of the qualifying agent taken within the past year. The following link will take you to a document with tips on taking photos: http://www.pisgs.ohio.gov/pisgs-New_cards_being_issued.pdf.

□ Complete the online Provider License Renewal form, check each qualifying agent and branch license you want renewed. If you do not check these, they will not be renewed. The cost of the license renewal is $275 and $5 for each QA. There is no fee for branch renewals. REMEMBER: when paying online, keep your browser window open until the transaction is complete. Closing your Internet browser too early will stop the payment. The license is not considered in renewing status until it is paid for.

- □ Current Insurance Acord (insurance expiration must be dated after 4/1/16) with certificate holder listed as: Ohio Department of Public Safety, PISGS, PO Box 182001, Columbus OH 43218. The insured must be a physical address; post office boxes are not acceptable. Insurance type of general liability is required.

- □ Current Certificate of Good Standing from the Ohio Secretary of State is required for corporations and sole proprietors whose business is structured as a corporation (otherwise sole proprietors do not submit one). Businesses structured as LLC, LP and LLP will submit a Full Force and Effect Certificate instead of the good standing certificate. Certificates must be current (dated later than December 1, 2015). To request a certificate, call (614) 466-3910 or request one online at: https://bsportal.sos.state.oh.us/(S(zfsapanqq4w0eklpuyocx2zc))/OBCFiling/OrderCertificates.aspx

- □ Proof of unemployment insurance coverage letter from Ohio Department of Job and Family Services (ODJFS); contact number (614) 466-2319, extension 22487 or 22115. If you believe you are not required to obtain this coverage, you must obtain a current letter for a non-liable account. (ODJFS refers to this letter as the "homeland security letter".) Ohio Employer's Contribution Report is not acceptable per ODJFS.

- □ Copy of Ohio Bureau of Workers' Compensation (BWC) Certificate of Premium Payment showing coverage for 2015. If you had no employees during 2015 and were not required to obtain worker compensation coverage for the previous license year, you must provide a letter, signed and dated, on your company letterhead stating no employees were employed from March 1 of the past year through March 1 of the current year. You can call (800) 644-6292 or visit their website for more information at: www.bwc.ohio.gov/employer/default.asp or request a reprint at www.bwc.ohio.gov/formslogin.aspx?ReturnURL=%2Femployer%2Fservices%2FCertCovReprints%2Fsecure%2FCertCovReprints0%2Easp.

IF YOU HAVE A TRADE NAME:

- □ Businesses using a trade name need to provide a Full Force and Effect Certificate from the Ohio Secretary of State dated December 1, 2015, or later. To request a certificate call (614) 466-3910 or go to https://bsportal.sos.state.oh.us/(S(zfsapanqq4w0eklpuyocx2zc))/OBCFiling/OrderCertificates.aspx

THESE ITEMS MUST BE RECEIVED AND PAID FOR BY MARCH 1, 2016
OR YOUR LICENSE WILL EXPIRE.

If your license expires, you can't provide services, advertise, or solicit business; and all registered employees are terminated. The wall license, qualifying agent identification card, and all employee registration cards must be returned to PISGS. In order to provide investigative or security services, a new provider application, qualifying agent application, criminal records check, required documents and fees will need to be submitted to PISGS for a new license.

For those who wish to submit their renewal by mail, please send an email to pisglr@dps.state.oh.us and the forms will be emailed to you. If you renew using paper, the qualifying agents will receive the paper card, not the laminated plastic card. Online renewals will be processed ahead of paper applications.

If you have any questions regarding the renewal process, please contact the Licensing and Registration Unit.

Licensing and Registration Unit
Private Investigator Security Guard Services
Phone: (614) 466-4130
Fax: (614) 466-0342
E-mail: PISGLR@dps.ohio.gov
Website: http://pisgs.ohio.gov

Documents and Information Required

To renew your license online you must have a valid User Name and Password to access the **Existing Provider Company Log In** selection on the PISGS Home page. If you do not have online access you must 1) complete the Online Access Application (PSU0021) form and e-mail, fax, or mail it to PISGS and, 2) create an account using the Account Center application process described in the **Creating Your Account** section in this document.

Prior to beginning the Renew License process make sure all required documents are in electronic format (i.e., .doc, .docx, .PDF, .jpg, .jpeg, or .pnf format) so they can be uploaded with your license renewal application.

SOLE PROPRIETOR
Sole proprietors do not need an Ohio Secretay of State certificate of good standing.

Sole proprietors that use a trade name will need to upload a Full Force & Effect Certificate from the Ohio Secretary of State.

Sole proprietors who have employees will need to upload worker's compensation and unemployment compensation documentation (see below).

ALL COMPANIES
All companies require proof of insurance and will need to upload their General Comprehensive Liability Insurance Coverage Acord.

CORPORATIONS, LLC, Partnerships, and SOLE PROPRIETOR with employees require the following documents to be uploaded:

Worker's Compensation – Questions regarding worker's compensation are to be directed to the Ohio Bureau of Worker's Compenstion @ 800-644-6292 or go to www.ohiobwc.com.

- ☐ Proof of Coverage – If you had employees during the previoius license year, 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 866-886-3537 or go to 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 (767-345#)

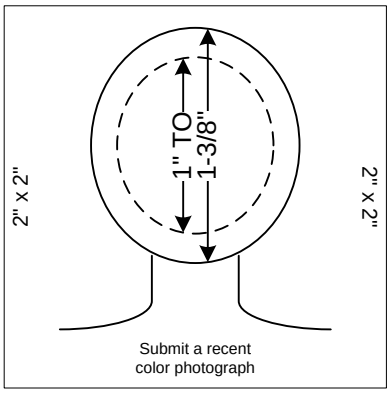
- ☐ Ohio Secretary of State Certificate of Good Standing – You will need a certificate of good standing OR a full force & effect certificate for the company name for the current year.
- ☐ Ohio Secretary of State Full Force & Effect Certificate – You will need a full force & effect certificate for the 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. Insurance type of general liability is required. Iinsurance expiration must be dated after 4/1/16. **It is important that all branch offices being renewed be listed on this document.**

Qualifying Agent Photograph

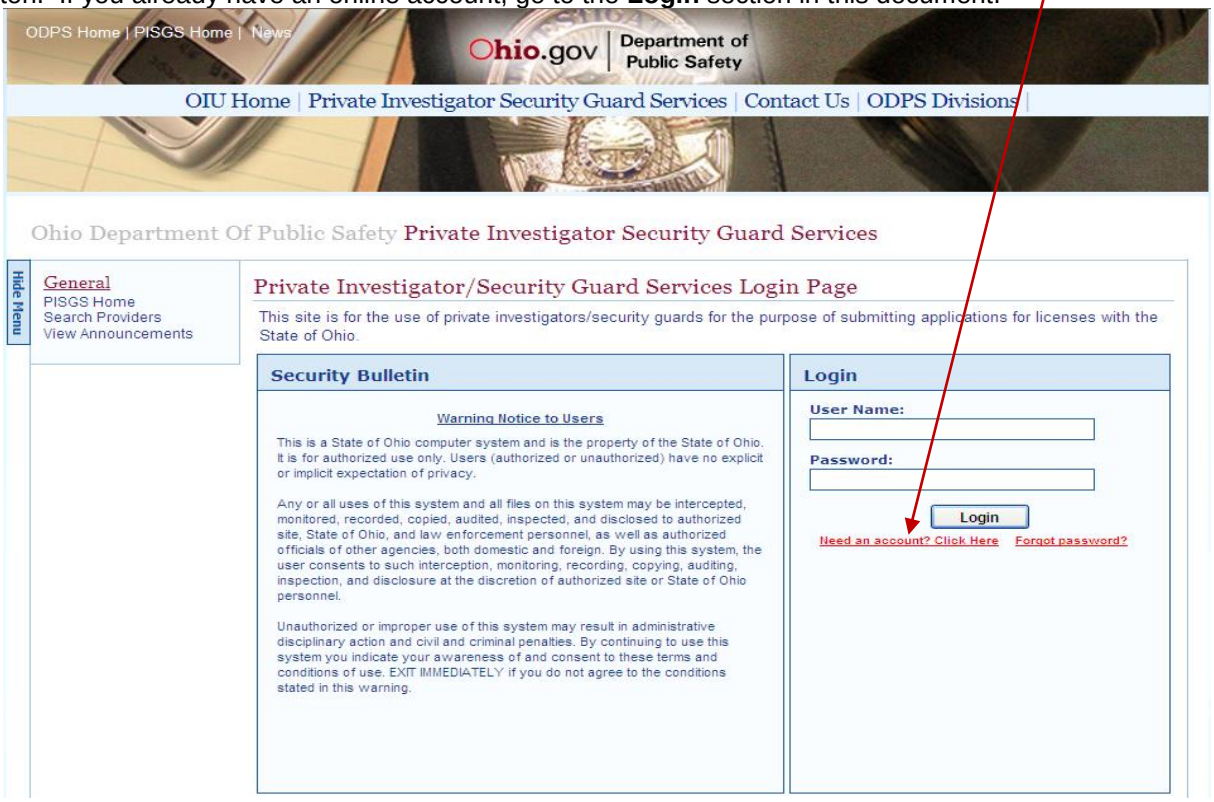
- ☐ Each Qualifying Agent Application must include a color photograph according to the following:



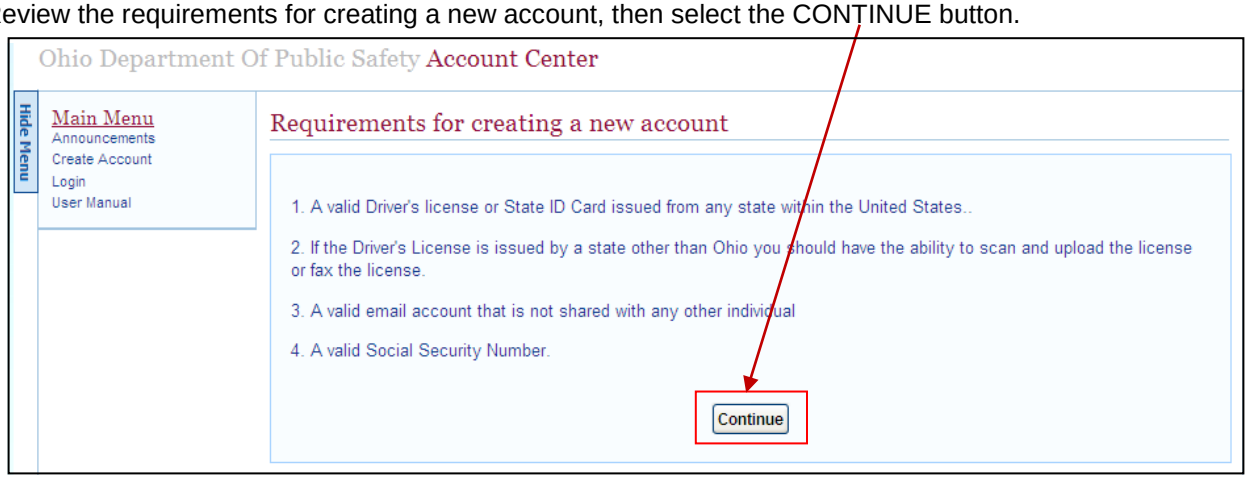
The color photograph must be of the individual alone, sufficiently recent to be a good likeness (taken within the last twelve months), and 2x2 inches in size. The image should consist of the head and shoulders of the individual. The photograph must be color, clear, with a full front view of the face, **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.

Creating Your Account

If you don't have an online account you must 1) complete the Online Access Application (PSU0021) form and e-mail, fax, or mail it to PISGS and, 2) create an account by clicking "Need an account? Click Here" under the **Login** button. If you already have an online account, go to the **Login** section in this document.

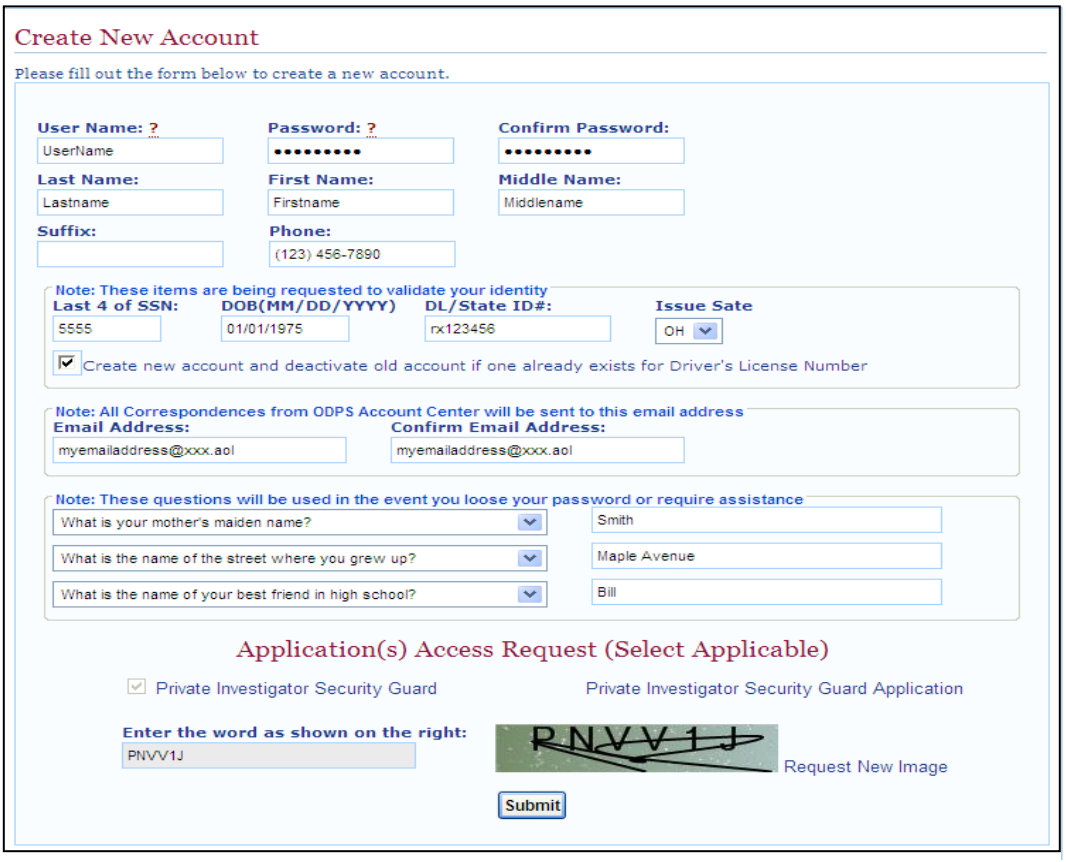


1. Review the requirements for creating a new account, then select the CONTINUE button.

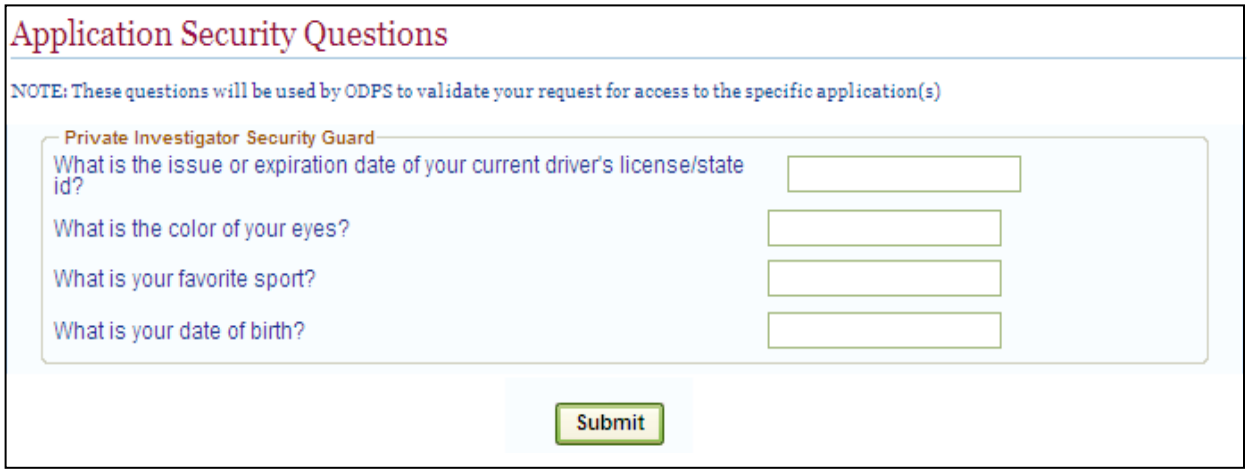


2. Fill in all fields for **Create New Account** and click the **SUBMIT** button. For security, type in the string of characters. If you are unable to read the characters, you can click **Request New Image**.

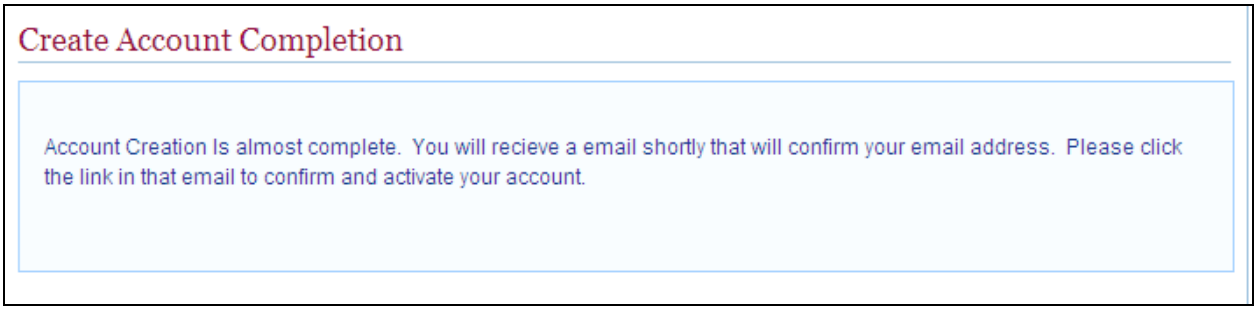
USER NAME RULES	PASSWORD RULES
Avoid using the following characters (/:;|=,+?<>!)	Must be at least 8 characters and it must contain 3 of the items listed below
Limit Username to 20 characters	Contain at least one number
Cannot contain spaces	Contain at least one alphabet
Minimum length is 6 characters	Contain at least one special character
	Contain both upper and lower case characters



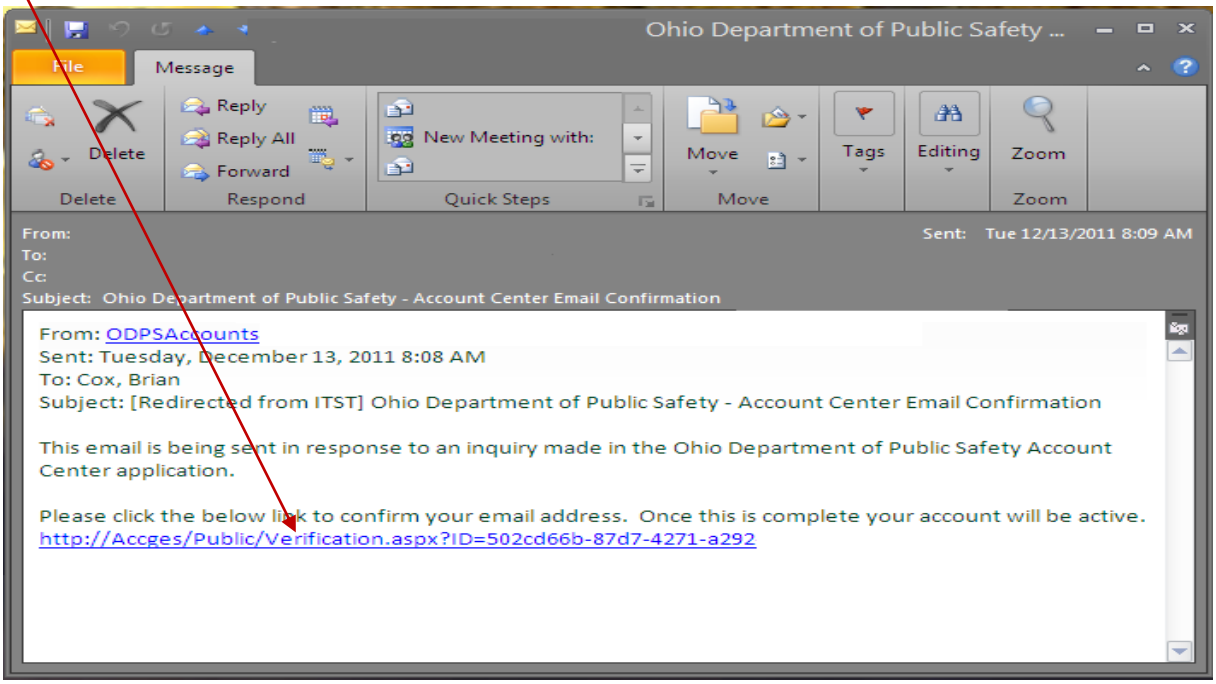
3. Complete the **Application Security Questions** and click **Submit** These questions will be used by ODPS to valdate your request for access to the Private Investigator Security Guard Application.



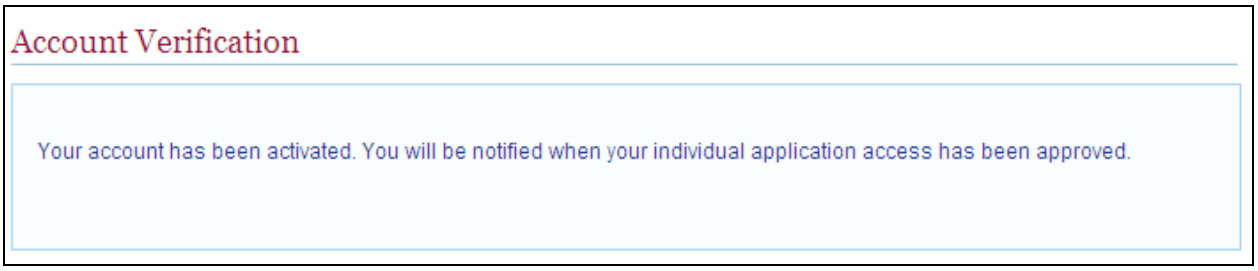
4. When complete, your temporary account will be emailed to you (see below).



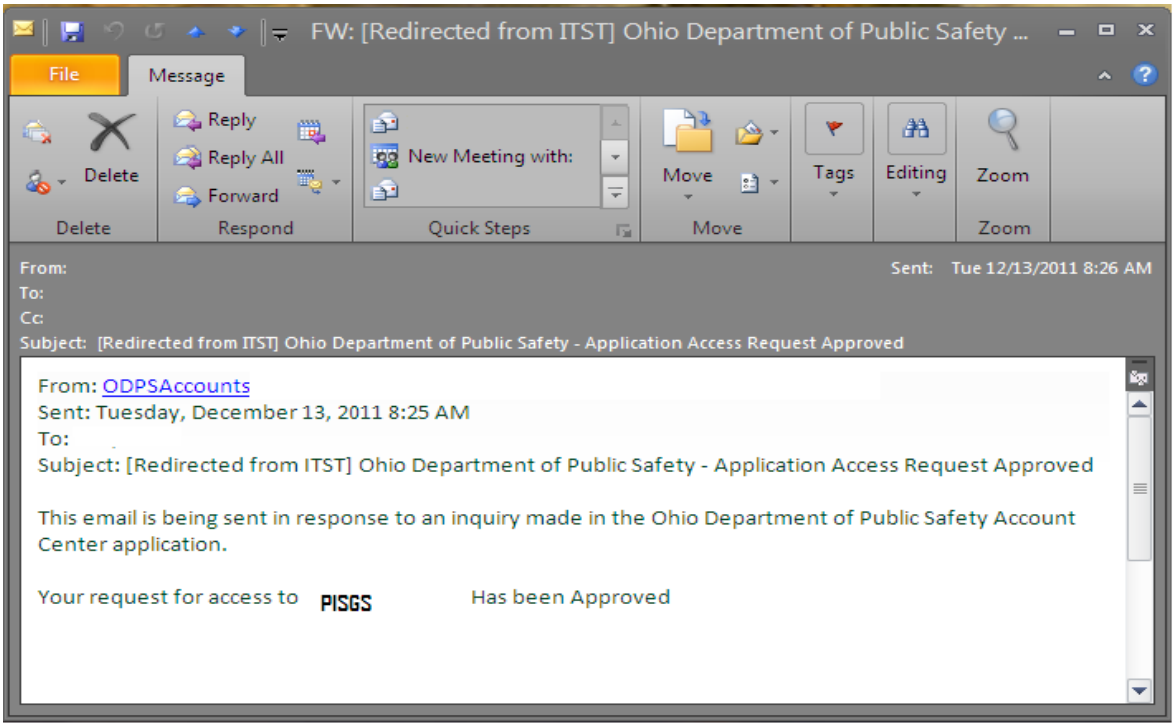
5. When you receive the e-mail, click the link to confirm your email address and activate your account.



6. Now the account has been activated and your request for access to the Private Investigator Security Guard Services Application is being processed.

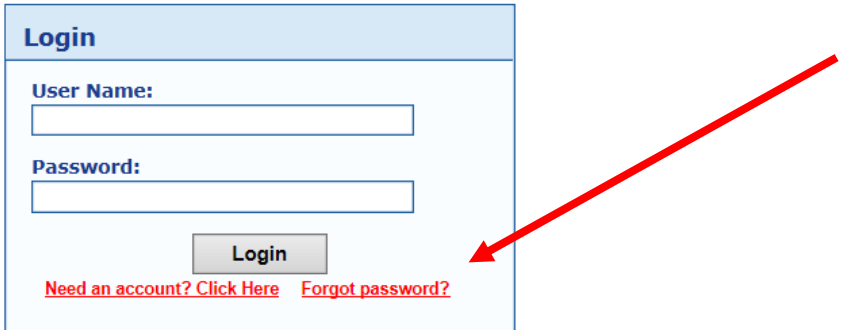


7. When access to PISGS has been approved, you will receive an email notification (see below).



Password Reset for Existing Account Users

If you currently have an account, but have forgotten your password, when you go to log in, just click on “forgot password”:

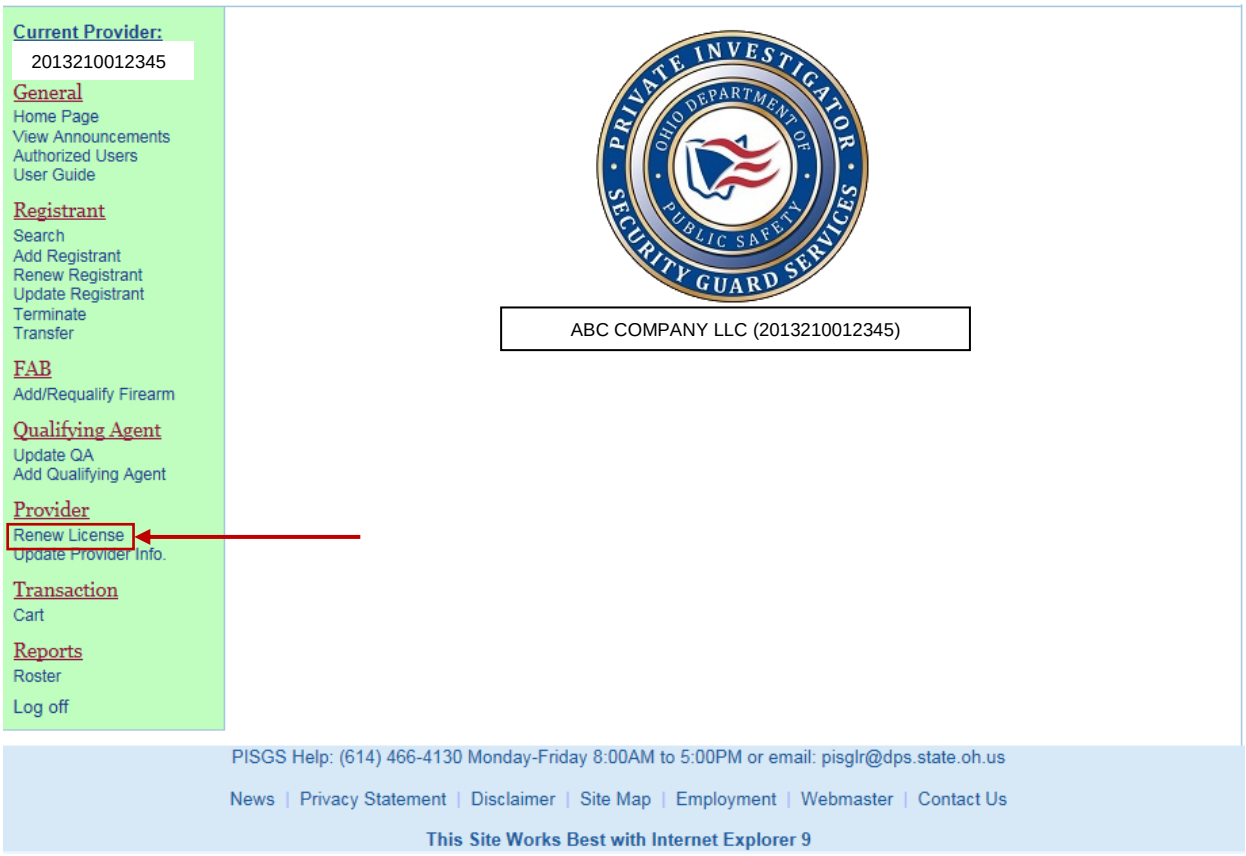


Login

After your account has been created, you will click the **Existing Provider Company Log In** selection on the PISGS Home Page and do the following:

1. Enter your **User Name** (the one you created when you created your account).
2. Enter your **Password** (the one you created when you created your account).
3. Click the **Login** button.
4. The system will display a company menu screen with various links listed on the left-hand side.

Menu



1. Click on the **Renew License** selection in the left navigation frame.
2. The system will display the PISGS **Renew License** screen showing your company name, trade name (if you use a trade name), main office license information and all branch offices (if you have branch offices).

Renew License

Private Investigator Security Guard Services
Renew License

Company Name:	YOUR COMPANY NAME (12345678901)	Business Type:	Corporation

<<<<<<< **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
RENEW	12345678901, 1234 YOUR MAIN OFFICE ADDRESS, CITY, STATE, ZIP CODE	03/01/2014
Branch Office		**Expiration Date**
◉ Renew ○ Let Expire	23456789011, 5678 FIRST BRANCH OFFICE ADDRESS, CITY, STATE, ZIP CODE	03/01/2014

Main Office

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

Branch Office (will only display if your company has one or more branch offices)

- 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

Sole Proprietor

◉ 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.

○ 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 and Effect Certificate from the Ohio Secretary of State dated December 1, 2015, or later. To request a certificate call (614) 466-3910 or go to https://bsportal.sos.state.oh.us/(S(zfsapanqq4w0eklpuyocx2zc))/OBCFiling/OrderCertificates.aspx

Worker's Compensation

Worker's Compensation (Choose one)

○ The company had employees and affirms that it had proper worker's compensation coverage during the previous license year.

○ The company had **no** 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 www.ohiobwc.com.

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.

Unemployment Compensation

Unemployment Compensation (Choose one)

- ○ 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.
- ○ Company had **no** 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 jfs.ohio.gov.

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 If you had no employees during 2015 and you were not required to obtain worker compensation coverage for the previous license year, you must provide a letter, signed and dated, on your company letterhead stating no employees were employed from March 1 of the past year through March 1 of the current year.

Ohio Secretary of State

Ohio Secretary of State

Company Name

Please upload a certificate of good standing OR a full force & 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 http://www.sos.state.oh.us/SOS/businessServices/cogs.aspx.

Browse... *

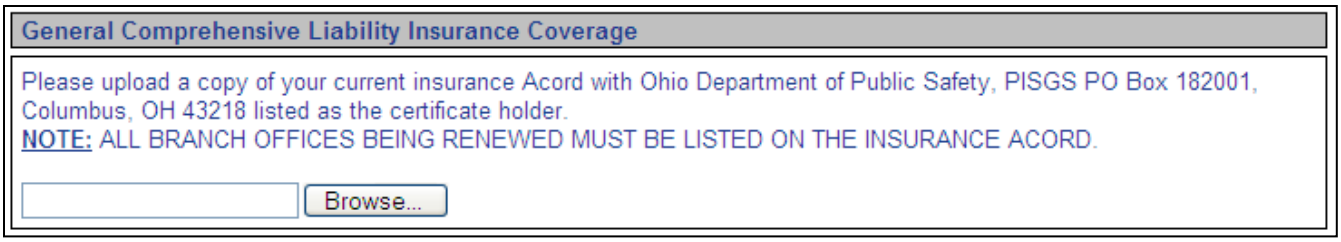
Trade Name

Please upload a full force & 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 http://www.sos.state.oh.us/SOS/businessServices/cogs.aspx.

Browse... *

- 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). Current Certificate of Good Standing from the Ohio Secretary of State is required for corporations and sole proprietors whose business is structured as a corporation (otherwise sole proprietors do not submit one). Businesses structured as LLC, LP and LLP will submit a Full Force and Effect Certificate instead of the good standing certificate. Certificates must be current (dated later than December 1, 2015). To request a certificate, call (614) 466-3910 or request one online at: https://bsportal.sos.state.oh.us/(S(zfsapanqq4w0eklpuyocx2zc))/OBCFiling/OrderCertificates.aspx
- Businesses using a trade name need to provide a Full Force and Effect Certificate from the Ohio Secretary of State dated December 1, 2015, or later. To request a certificate call (614) 466-3910 or go to https://bsportal.sos.state.oh.us/(S(zfsapanqq4w0eklpuyocx2zc))/OBCFiling/OrderCertificates.aspx

General Comprehensive Liability Insurance Coverage



- 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***. Current Insurance Acord (insurance expiration must be dated after 4/1/16) with certificate holder listed as: Ohio Department of Public Safety, PISGS, PO Box 182001, Columbus OH 43218. **The insured must be a physical address; post office boxes are not acceptable.**

Qualifying Agent

Qualifying Agent(s)

<<<<< BY SUBMITTING THIS RENEWAL I CERTIFY THAT THE QUALIFYING AGENT(S) MEETS ALL OF THE >>>>>
<<<<< PREREQUISITES IDENTIFIED IN STATUE O.R.C. 4749.03 & 4749.031 AND RULE O.R.C. 4501:5-1-22. >>>>>

MUST SELECT YES OR NO FOR EACH QA

JOHN Q ADAMS QA **RENEW?** (•) Yes ( ) No

Personal Information

First Name	Initial	Last Name	Suffix	Social Security Nbr.
JOHN	Q	ADAMS	None	XXX-XX-1761

Home Address *	Suite/Apt. #	City *	State *	Zip + 4 *	County *
123 MAIN STREET		ANY TOWN	ANY STATE	12345-0000	OHIO COUNTY

Primary Phone *	Secondary Phone	Email Address	Birth Date	Class
(555)-123-1234	(555)-789-5432	AdamsJohnQ@yourcompany.com	04/07/1973	A

Height *	Weight *	Hair Color *	Eye Color *	Hire Date	Original Issue Date	Expiration Date
5 (ft) 11 (in)	200	Brown	Blue	04/05/2007	04/05/2007	03/01/2014

Distinguishing scars, marks, tattoos

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.

☐ Self

☐ 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? ( ) Yes (•) No

Please upload a digitized photo. * Required

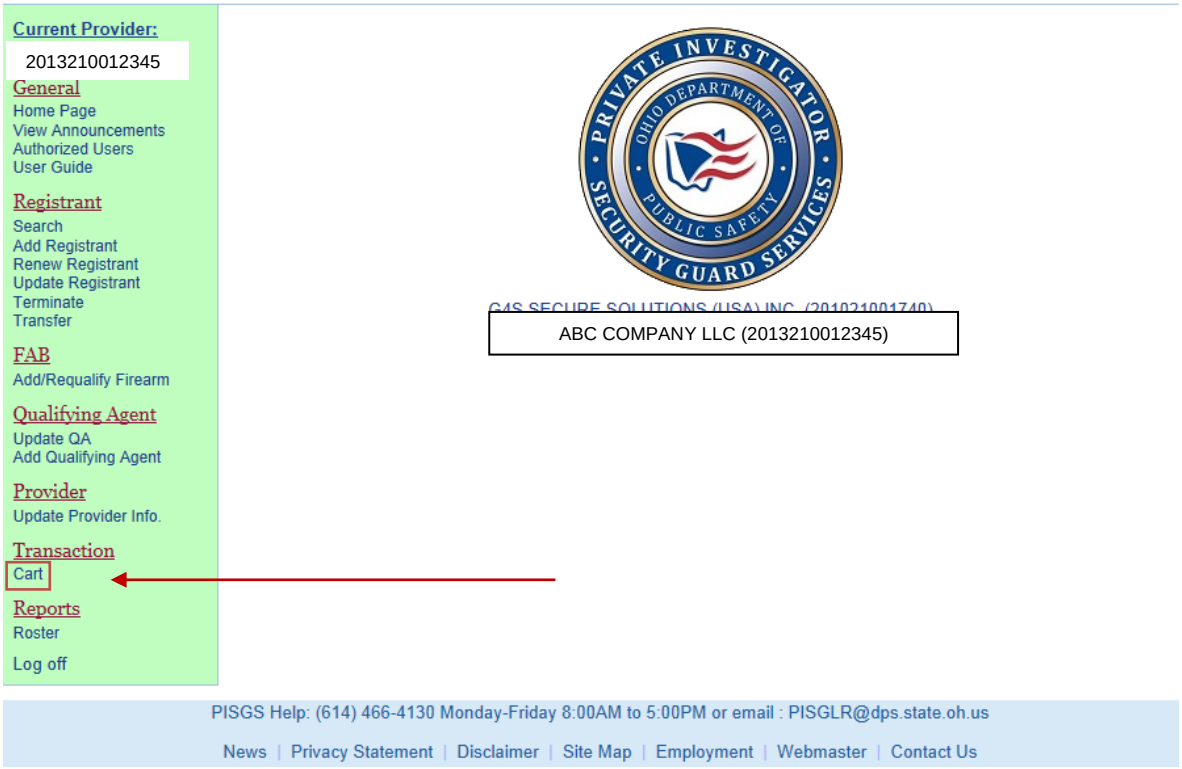
Browse...

Add To Cart | Exit

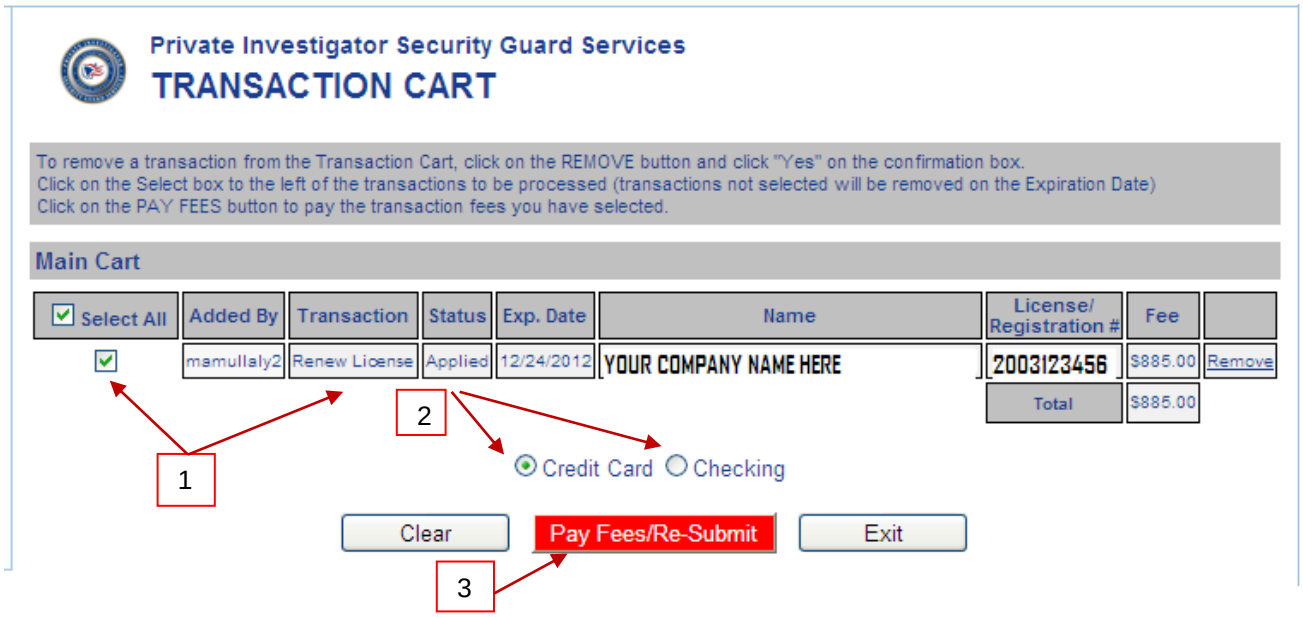
- All companies must renew at least one (1) qualifying agent. If you don't renew at least one qualifying agent, the system will not allow you to renew your license.
- For each qualifying agent displayed, you must select either the "Yes" or "No" radio button. If you select "No" the qualifying agent will 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 Add To Cart button.
- If you click the Exit button, you will have to re-start the renewal process from the beginning.

Transaction Cart

After completing the license renewal, go back to the company menu and click the "Cart" selection under **Transaction** to pay the renewal fees and submit your renewal application.



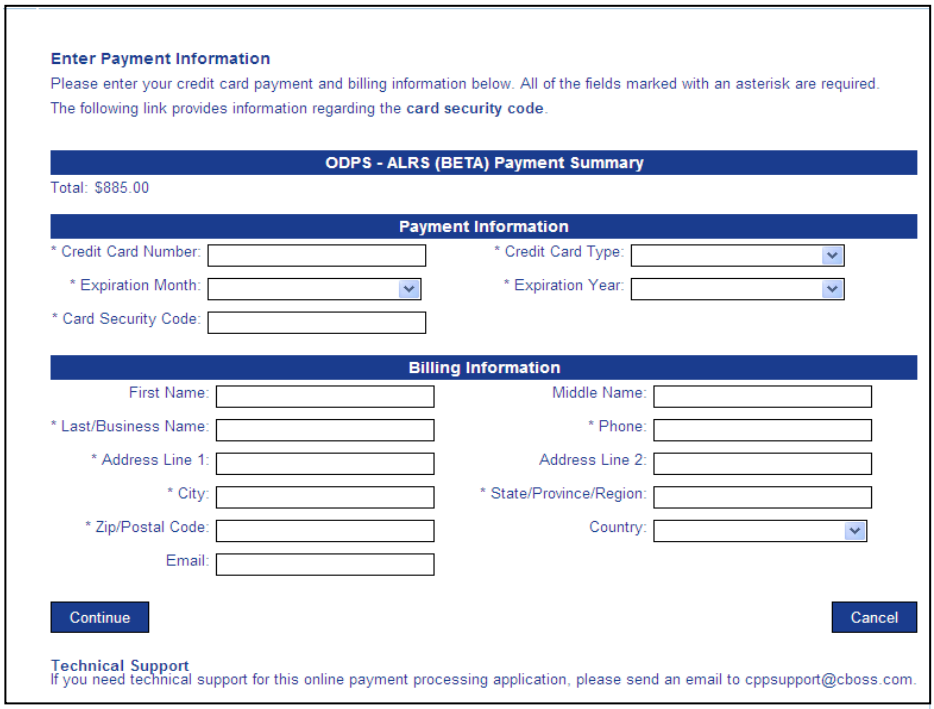
The following **Transaction Cart** screen is displayed:



1. Click the box to the left of the Renew License transaction. A check (√) mark will be displayed in the box.
2. Select either the **Credit Card** or **Checking** method of payment.
3. Click the **Pay Fees/Re-Submit** button to display the **Enter Payment Information** screen below.

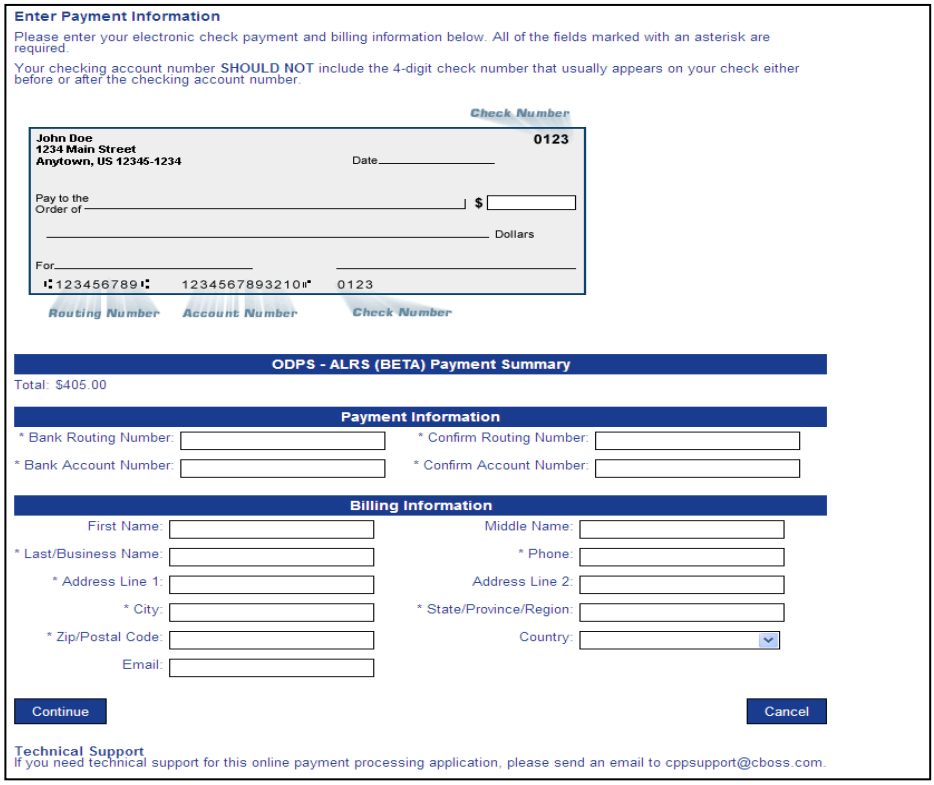
Pay by Credit Card

If you selected “Credit Card” as your method of payment, the following screen will be displayed:

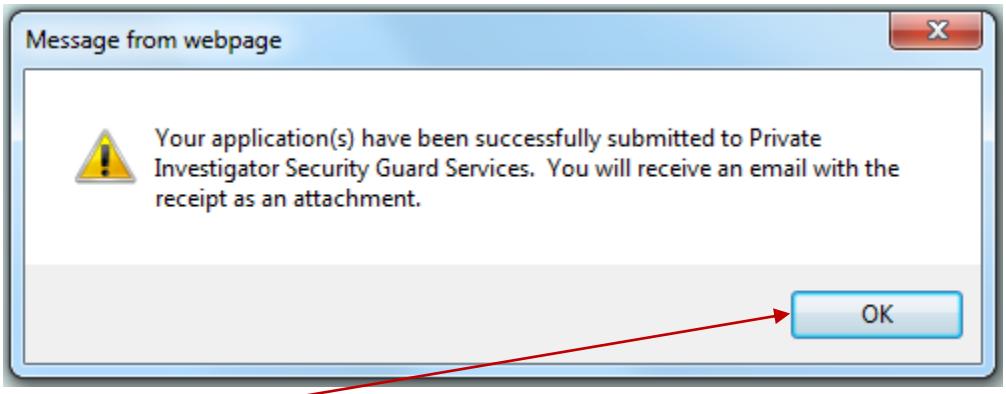


Pay by Personal Check

If you selected “Checking” as your method of payment, the following screen will be displayed:



The system will display the following message letting you know if your application has been submitted successfully.



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 designated contact person will receive the e-mail and may not be the same person making the transaction payment.

****DO NOT CLOSE YOUR BROWSER OR LOG OFF UNTIL YOU RECEIVE THE BELOW CONFIRMATION****

CBOSS Confirmation Receipt

****YOUR LICENSE RENEWAL IS NOT CONSIDERED IN "RENEWING" STATUS UNTIL IT IS PAID FOR****

The system will display a Confirmation Information screen displaying the information used to make your payment.

CBOSS Confirmation Information

Name Company Name or Individual Name used on payment
Address Address used on payment
Address 2
City/State/Zip Code
Phone #
Country
Email Address
Payment Amount 280.00
Order Number 9961121004338
Transaction Number 8721
Transaction Status Authorized
Date Authorized 12/11/2012 3:26:50 PM
Messages

Transaction	Name	Status	License/ Registration #	Fee
Renew License	YOUR COMPANY NAME HERE	Applied	00001620	$275.00
Renew QA	YOUR QUALIFYING AGENT NAME HERE	Applied	00001621	$5.00
			Total	$280.00

If for some reason your screen does not contain all information, please contact us for a copy.