



License Renewal User Guide

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Introduction

The purpose of this user guide is to provide current PISGS license holders who have online access with information on how to renew your main office license, branch office license, 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.

Before You Start

To renew your license online you must have a valid User Name and Password to access the **Provider Company Login** screen. 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 which can be found in the **Creating Your Account** section on page 4 of this user guide.

Prior to beginning the online Renew License process you should have all required documents in electronic format (.doc [is Microsoft Word 97 format used in Word 97-2003], .docx [is Microsoft Word 2007 and later], .PDF, jpg [is an image file used for photographs]) so they can be uploaded with your license renewal.

SOLE PROPRIETOR

If you are a sole proprietor and you do not use a trade name, the only documents required are your proof of liability insurance coverage and a digitized color photo. If you use a trade name you will also need a Full Force & Effect Certificate from the Ohio Secretary of State.

CORPORATIONS, LLCs and Partnerships require the following documents in electronic format:

WORKER'S COMPENSATION

- Proof of Coverage – If you are a corporation, LLC, LP, LPP, or partnership and you had employees 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 may be required to show proof of your exemption. 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.

UNEMPLOYMENT COMPENSATION

- Proof of Coverage – If you are a corporation, LLC, LP, LPP, or partnership and you had employees you must show proof that you had proper unemployment 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 unemployment compensation coverage through the Ohio Jobs and Family Services for the previous license year, you may be required to show proof of your exemption. If you have questions regarding your unemployment compensation requirement, please contact the Ohio Job & Family Services @ 866-886-3537 or go to jfs.ohio.gov.

OHIO SECRETARY OF STATE

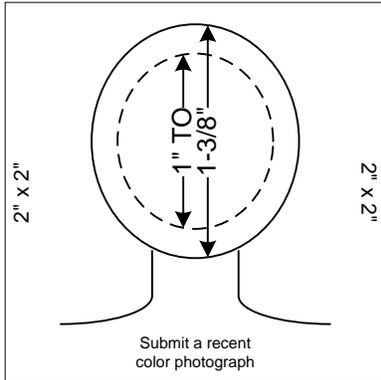
- Ohio Secretary of State Certificate of Good Standing – If you are a corporation, LLC, or partnership you must upload a Certificate of Good Standing from the Ohio Secretary of State. For information on how to obtain this certificate you can go to the Ohio Secretary of State website (<http://www.sos.state.oh.us/>) or call (614) 466-3910 or Toll Free (877) SOS-FILE (767-3453).
- Ohio Secretary of State Full Force & Effect Certificate – If you are using a Trade Name, LLC, LP, or LLP you must upload all Full Force & Effect certificates from the Ohio Secretary of State. For information on how to obtain these certificates you can go the Ohio Secretary of State website (<http://www.sos.state.oh.us/>) or call (614) 466-3910 or Toll Free (877) SOS-FILE (767-3453).

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. It is important that you have all branch offices being renewed listed on this document.

QUALIFYING AGENT PHOTO

- Each qualifying agent being renewed must upload a color photograph according to the following:

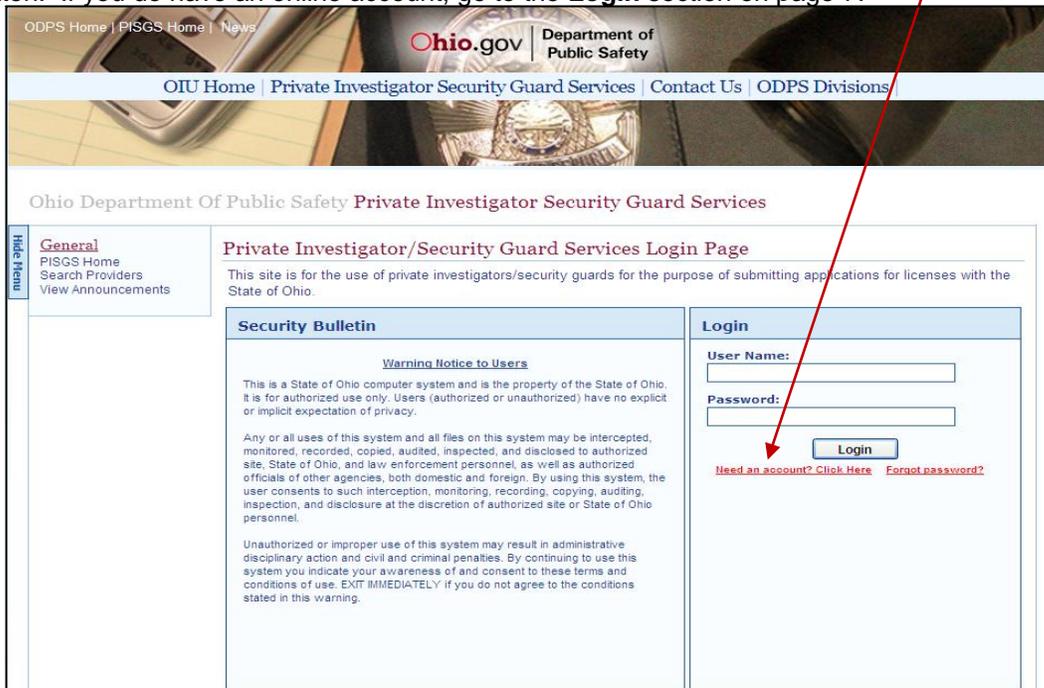


Upload a color photograph of you alone, sufficiently recent to be a good likeness of you (taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctors statement is submitted verifying the item is used daily for medical purposes.

Headphones, "Bluetooth", or similar devices must **not** be worn in photographs. Any photographs retouched so that your appearance is changed are unacceptable. Snapshots, most vending machine prints, and magazine or full-length photographs are unacceptable. Digitized photos must meet the previously stated qualifications and will be accepted for use at the discretion of PISGS. Visit our website at www.pisgs.ohio.gov for details and information.

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 do have an online account, go to the **Login** section on page 7.



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

Ohio Department Of Public Safety Account Center

Requirements for creating a new account

1. A valid Driver's license or State ID Card issued from any state within the United States..
2. If the Driver's License is issued by a state other than Ohio you should have the ability to scan and upload the license or fax the license.
3. A valid email account that is not shared with any other individual
4. A valid Social Security Number.

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

Create New Account

Please fill out the form below to create a new account.

User Name: ? **Password: ?** **Confirm Password:**

Last Name: **First Name:** **Middle Name:**

Suffix: **Phone:**

Note: These items are being requested to validate your identity

Last 4 of SSN: **DOB(MM/DD/YYYY)** **DL/State ID#:** **Issue State**

Create new account and deactivate old account if one already exists for Driver's License Number

Note: All Correspondences from ODPS Account Center will be sent to this email address

Email Address: **Confirm Email Address:**

Note: These questions will be used in the event you loose your password or require assistance

What is your mother's maiden name?

What is the name of the street where you grew up?

What is the name of your best friend in high school?

Application(s) Access Request (Select Applicable)

Private Investigator Security Guard Private Investigator Security Guard Application

Enter the word as shown on the right:  [Request New Image](#)

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

Application Security Questions

NOTE: These questions will be used by ODPS to validate your request for access to the specific application(s)

Private Investigator Security Guard

What is the issue or expiration date of your current driver's license/state id?

What is the color of your eyes?

What is your favorite sport?

What is your date of birth?

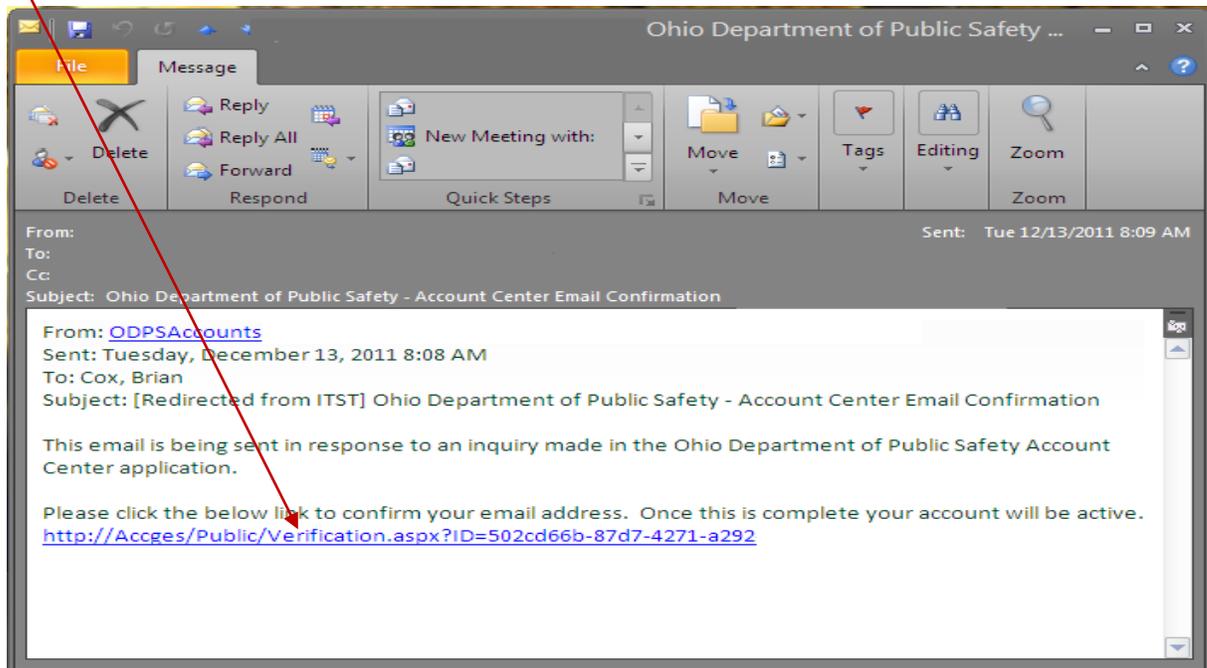
Submit

4. Once this is complete, your temporary account will be emailed to you. **(Note: If you do not receive an email within 1 hour, you can create it again and it will resend it to the email address you specify).**

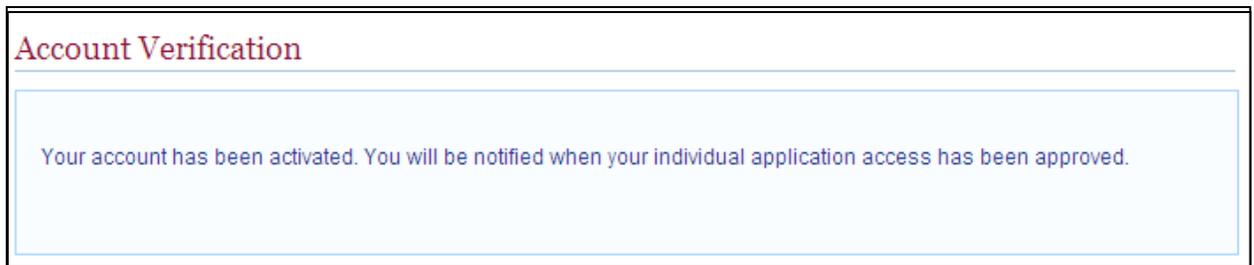
Create Account Completion

Account Creation is almost complete. You will receive a email shortly that will confirm your email address. Please click the link in that email to confirm and activate your account.

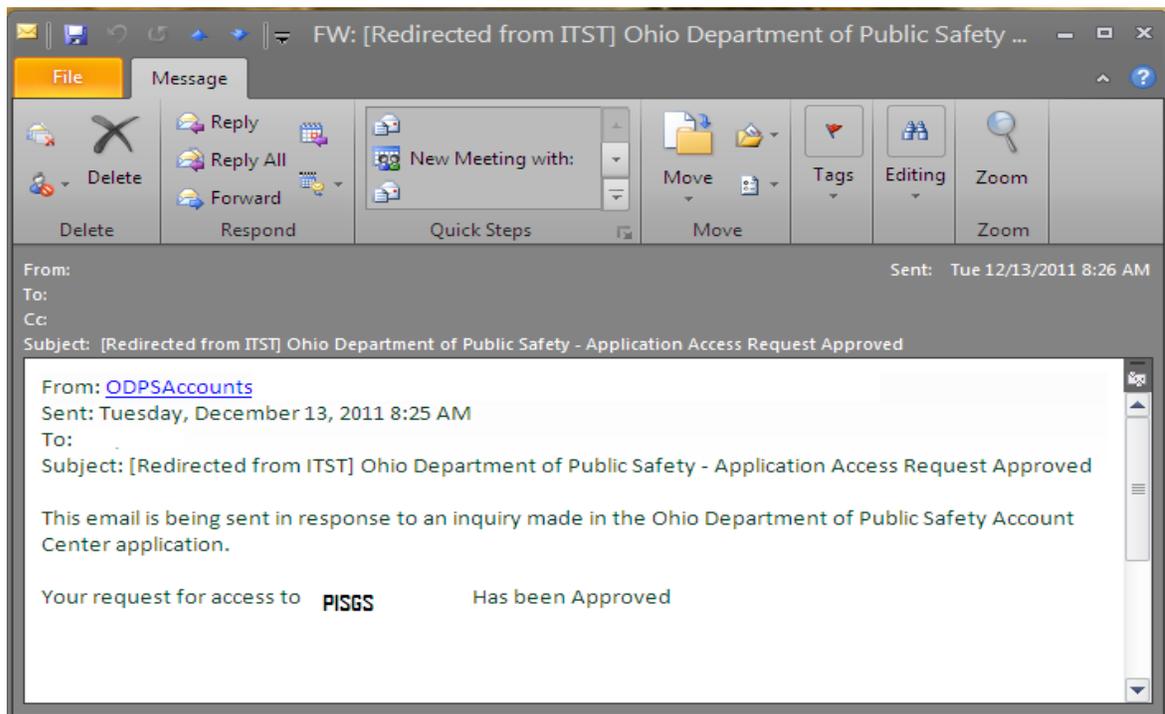
5. Click the link to confirm your email address.



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



- Once the application access been approved, you will be sent an email notification.



Login

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

- Enter your **User Name** (the one you created when you created your account).
- Enter your **Password** (the one you created when you created your account).
- Click the **Login** button.
- The system will display a menu screen with a menu selection in a box to the left.

Menu



1. Click on the **Renew License** selection in the left navigation box.
2. 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:

<<<<<< 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	200721001161, 7123 PEARL RD STE 103, MIDDLEBURG HEIGHTS, OH 441300000	03/01/2013

Branch Office		Expiration Date
<input checked="" type="radio"/> Renew <input type="radio"/> Let Expire	200721001184, 1222 OHIO AVE, DUNBAR, WV 250640000	03/01/2013
<input checked="" type="radio"/> Renew <input type="radio"/> Let Expire	200721001186, 3366 RIVERSIDE DR STE 106, UPPER ARLINGTON, OH 432210000	03/01/2013
<input checked="" type="radio"/> Renew <input type="radio"/> Let Expire	200721001187, 134 W SOUTH BOUNDARY STE O, PERRYSBURG, OH 435510000	03/01/2013
<input checked="" type="radio"/> Renew <input type="radio"/> Let Expire	200721001188, 110 BOGGS LN STE 140, CINCINNATI, OH 452460000	03/01/2013

Main Office section

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

Branch Office section (will only display if your company has a branch office)

- 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 section

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, you will click the box to the left of the first statement.

- 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 & Effect certificate from the Ohio Secretary of State that is dated for the current year.

Worker's Compensation section

Worker's Compensation (Choose one)	
<input type="radio"/>	The company had employees and affirms that it had proper worker's compensation coverage during the previous license year.
<input checked="" type="radio"/>	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 Ohio Bureau of Worker's Compensation @ 800-644-6292, or go to www.ohiobwc.com .
Proof of Coverage/Exemption: <input type="text"/> <input type="button" value="Browse..."/>	

- If you are a corporation, LLC, LP, LPP, or partnership and 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 section

Unemployment Compensation (Choose one)	
<input type="radio"/>	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.
<input checked="" type="radio"/>	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: <input type="text"/> <input type="button" value="Browse..."/>	

- If you are a corporation, LLC, LP, LPP, or partnership and 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.

Ohio Secretary of State section

Ohio Secretary of State	
Please upload a certificate of good standing for corporations, LLC's and partnerships from the Ohio Secretary of State for the current year. For information on how to obtain this certificate you may visit the Ohio Secretary of State website or call (614) 466-3910 or Toll Free (877) SOS-FILE (767-3453).	
<input type="text"/>	<input type="button" value="Browse..."/> *
Please upload a Full Force & Effect certificate for Trade Names, LLC's, LP's, and LLP's from the Ohio Secretary of State for the current year. For information on how to obtain this certificate, you may visit the Ohio Secretary of State website or call (614) 466-3910 or Toll Free (877) SOS-FILE (767-3453).	
1. <input type="text"/>	<input type="button" value="Browse..."/>
2. <input type="text"/>	<input type="button" value="Browse..."/>

- If you are a corporation, LLC, LP, LPP, or partnership, you are required to upload a certificate of good standing from the Ohio Secretary of State.
- If you use a trade name you are required to upload a Full Force & Effect certificate for the Ohio Secretary Of State.

General Comprehensive Liability Insurance Coverage section

General Comprehensive Liability Insurance Coverage	
Please upload a copy of your current insurance <i>Acord</i> with Ohio Department of Public Safety, PISGS PO Box 182001, Columbus, OH 43218 listed as the certificate holder.	
NOTE: ALL BRANCH OFFICES BEING RENEWED MUST BE LISTED ON THE INSURANCE ACORD.	
<input type="text"/>	<input type="button" value="Browse..."/>

- All companies are required to upload a copy of their current insurance *Acord* with Ohio Department of Public Safety listed as the certificate holder. All branch offices being renewed must appear on this insurance *Acord*.

Qualifying Agent section

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. >>>>>			
JOHN Q. ADAMS	QA	RENEW?	<input type="radio"/> Yes <input type="radio"/> No
HARRY S. TRUMAN	QA	RENEW?	<input type="radio"/> Yes <input type="radio"/> No
MAXWELL B. HARDING	QA	RENEW?	<input type="radio"/> Yes <input type="radio"/> No

- 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. If you select "Yes" the following screen will display for the selected qualifying agent (e.g., John Q. Adams was selected to be renewed):

JOHN Q. ADAMS		QA	RENEW?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Personal Information						
First Name	Initial	Last Name	Suffix	Social Security Nbr.		
JOHN	Q	ADAMS	None	XXX-XX-5555		
Home Address	Suite/Apt. #	City	State	Zip + 4	County	
4181 ALICIA TRL		STOW	Ohio	44224-0000	Summit	
Primary Phone	Secondary Phone	Email Address			Birth Date	Class
(800) 555-5555					03/13/1980	(A)
Height	Weight	Hair Color	Eye Color	Hire Date	Original Issue Date	Expiration Date
5 (ft) 4 (in)	130	Brown	Blue	11/18/2010	11/18/2010	03/01/2012
Distinguishing scars, marks, tattoos						
TATTOOS L HIP, R ANKLE, L ARM, R SHOULDER						
Is this, or has this QA ever been a federal, state, or local peace officer, parole officer, prosecuting or assistant prosecuting attorney, correctional employee, youth services employee, firefighter, EMT, probation officer, baliff, or investigator of the Bureau of Criminal Identification and Investigation?						<input type="radio"/> Yes <input checked="" type="radio"/> No
Please upload a digitized photo.						
<input type="text"/> <input type="button" value="Browse..."/>						
<input type="button" value="Save QA"/>						

- 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 standard on page 4.
- Remember to click the SAVE QA button before continuing the renewal process.
- When you are finished with the renewal process, make sure you click the SAVE RENEWAL button.
- If you click the EXIT button, you will have to re-start the renewal process from the beginning.

Transaction Cart

The **Transaction Cart** is used to:

1. Select transactions and pay their associated fees, and/or
2. Select transactions that have been returned to you and re-submit them for processing.

After you complete the renewal (or corrected a returned renewal), you will go back to the menu and click the “Transaction Cart” selection in the left navigation box to pay the fees or re-submit a returned transaction.



Click on the Transaction Cart selection to display the Transaction Cart screen

Private Investigator Security Guard Services
TRANSACTION CART

To remove a transaction from the Transaction Cart, click on the REMOVE button and click "Yes" on the confirmation box.
Click on the Select box to the left of the transactions to be processed (transactions not selected will be removed on the Expiration Date)
Click on the PAY FEES button to pay the transaction fees you have selected.

Main Cart

<input checked="" type="checkbox"/> Select All	Added By	Transaction	Status	Exp. Date	Name	License/ Registration #	Fee	
<input checked="" type="checkbox"/>	mamullaly2	Renew License	Applied	12/24/2012	YOUR COMPANY NAME HERE	2003123456	\$885.00	Remove
							Total	\$885.00

Credit Card Checking

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. **Note:** If you are re-submitting a transaction, the dollar amount under the "Fee" column above will be \$0.00.

Pay by Credit Card

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

Enter Payment Information
Please enter your credit card payment and billing information below. All of the fields marked with an asterisk are required. The following link provides information regarding the [card security code](#).

ODPS - ALRS (BETA) Payment Summary

Total: \$885.00

Payment Information

* Credit Card Number: * Credit Card Type:

* Expiration Month: * Expiration Year:

* Card Security Code:

Billing Information

First Name: Middle Name:

* Last/Business Name: * Phone:

* Address Line 1: Address Line 2:

* City: * State/Province/Region:

* Zip/Postal Code: Country:

Email:

Technical Support
If you need technical support for this online payment processing application, please send an email to cpssupport@cboss.com.

Pay by Personal Check

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

Enter Payment Information
Please enter your electronic check payment and billing information below. All of the fields marked with an asterisk are required.
Your checking account number **SHOULD NOT** include the 4-digit check number that usually appears on your check either before or after the checking account number.

Check Number **0123**

John Doe
1234 Main Street
Anytown, US 12345-1234 Date: _____

Pay to the Order of _____ \$

_____ Dollars

For: _____

⑆123456789⑆ 1234567893210⑆ 0123

Routing Number
Account Number
Check Number

ODPS - ALRS (BETA) Payment Summary

Total: \$405.00

Payment Information

* Bank Routing Number: * Confirm Routing Number:

* Bank Account Number: * Confirm Account Number:

Billing Information

First Name: Middle Name:

* Last/Business Name: * Phone:

* Address Line 1: Address Line 2:

* City: * State/Province/Region:

* Zip/Postal Code: Country:

Email:

Technical Support
If you need technical support for this online payment processing application, please send an email to cpssupport@cboss.com.

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



Click "OK" and the following screen will display.

CBOSS Payment Receipt

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

(Adobe Reader is required to view and print the receipt.)

The system will display the above CBOSS Confirmation Information screen displaying the information used to make your payment. It is recommended that you print (click PRINT RECEIPT button) this screen for future reference. **Note:** If your transaction is a resubmitted transaction only, this screen will not display.