

Nebraska Association of Licensed Private Investigators

Note: Please read carefully and fill in all blanks. Use additional sheets if needed. Mail application to:

**NALPI
P.O. Box 84601
Lincoln, Nebraska 68501**

Application must be accompanied by a check, money order, or bank draft for \$50.00 (payable in \$U.S.). Allow one month for approval. In the event applicant is not approved for Active Membership, the Annual Dues will be refunded minus 30% processing fees. Upon acceptance you will receive a wall certificate and be listed in the www.NALPI.org membership directory.

Please Type or Print:

1. Full Name / Aliases / Previous Names of Applicant: _____

2. Date of Birth: _____

3. Birthplace: _____

4. Business Name: _____

5. Business Address: _____

6. Business Telephone: _____

7. Cell Phone _____ **Fax:** _____

Email: _____

Web Address: _____

8. What is your position? _____

9. How long employed? _____

10. Investigation Experience - # of years: _____

Summarize: _____

11. Types of Investigations you handle: _____

a. List the names and phone numbers of three professional references and attach their letters of recommendation to this application. (See recommendation form.)

1. _____

2. _____

3. _____

**12. Have you ever been convicted of a felony?: Yes / No:
If Yes, please explain when, where and what the specific charge was.**

13. If accepted, do you agree to abide by the By-Laws and Code of Ethics of NALPI? Yes / No

14. Do you currently hold a Nebraska Private Detective or Plain Clothes Investigators License? Yes / No

Private Detective License # _____

Private Detective Agency # _____

Plain Clothes Investigators License # _____

Signature of Applicant: _____

Date of Application: _____

Membership Committee Review

Date Application Received: _____

***Contacted References: Use additional sheets if needed.**

***Verified Nebraska License:**

Date Verified: _____

NE Secretary of State Contact: _____

Private Detective License # _____

Private Detective Agency # _____

Plain Clothes Investigators License # _____

NALPI Membership Committee Recommendation for Membership:

YES / NO

Date: _____ **Dues Received:** _____

Nebraska Association of Licensed Private
Investigators

**To: NALPI
Nebraska Assoc of Licensed Private Investigators
Attn: Membership Committee
P.O. Box 84601
Lincoln, Nebraska 68501**

NALPI Member Recommendation

I _____

recommend _____

Name of Applicant

as a prospective member to the Nebraska Association of Licensed Private Investigators. I have known this individual for _____ years. My own professional dealings with this individual have been very positive.

Name (Signature): **Date:**

Occupation / Title:

Address:

Telephone:

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