

**Please provide your employers for the last seven years starting with your current employer and working back.
Attach a separate sheet if necessary to cover the period or to explain duties.**

Current:
Employer: _____

Address: _____

Position: _____ **How Long:** _____ **Tel:** _____

Duties: _____

Previous Employer: _____

Address: _____

Position: _____ **How Long:** _____ **Tel:** _____

Duties: _____

Previous Employer: _____

Address: _____

Position: _____ **How Long:** _____ **Tel:** _____

Duties: _____

Previous Employer: _____

Address: _____

Position: _____ **How Long:** _____ **Tel:** _____

Duties: _____

In signing this application, I attest the information contained herein, is true and accurate. I further understand that FALI does not discriminate against any applicant based on race, creed, color, sex, age, religion or ethnic origin. The FBCI Committee bases all decisions on documented experience, education and a demonstrable knowledge of private investigation techniques, Chapter 493 F.S., and State and Federal laws governing investigation and evidence.**

I also understand that by seeking this professional designation I am responsible for obtaining twenty-four (24) hours of continuing education credits every two (2) years to maintain this professional designation and required to submit all educational training with documentation I annually for approval. I agree to be invoiced \$100 annually to cover the cost of the administration of my C.E.U. records from approved educational training attendance.

Signature

Date

**Applicants may submit any additional documentation they would like considered by the certifying body when determining an applicant's suitability for the professional designation of Florida Board Certified Investigator