

State of Utah, Department of Public Safety Bureau of Criminal Identification VERIFICATION OF INVESTIGATIVE EXPERIENCE

NAME:				
consideration. This f nvestigator for a gov provide certification f	form documents the number of hours rernmental entity. This form must be rom your employer, you may provide	and the type of investigative work you certified by the private investigator or ecrtification from an individual for who	(Middle) Delete this form and submit it for the PI Hearing and Licen La have performed as a licensed private investigator or as governmental employer for whom you worked. If you ar John you performed the investigative work. In order to rece La application for licensure. Use a different form for each	an e unable to eive credit for
		5,000 hours of investigative expe		
Date	ones required accumentation	Description of work per		Hours
Dute		Description of work per	Torried	Tiours
			Total Hours →	
I declar	re under criminal penalty of	of the State of Utah that the	e foregoing is true and correct.	
Execute	ed on:	at <i>Time</i>		
	Name of employer certifyi	ng hours	Signature of employer certifying hours	

Date	Description of work performed	Hours
	Total Hours →	