

# PALI

## Pennsylvania Association of Licensed Investigators

P.O. Box 651, Lemont, PA 16851-0651

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### MEMBERSHIP APPLICATION

**All applicants for membership in the PALI must comply with the following:**

1. Answer all questions on this application. Please print or use a typewriter.
2. Submit two checks: a non-refundable application fee of \$25.00 plus membership dues according to the following schedule, based on when the application is postmarked:
  - January 1 – June 30: \$100.00 dues payment
  - July 1 – October 31: \$50.00 dues payment
  - November 1 – December 31: \$100 dues payment (will be applied to the following year)
3. Attach: **a)** copy of PI license and/or PI photo ID, **b)** copy of bond, and **c)** and proof of insurance (if you carry).

**Type of Membership:**    **Active**    **Associate**    **Affiliate**    **Service & Industry**

**Active:** Open to any individual who meets the eligibility requirements set forth by the Commonwealth of Pennsylvania and is licensed.

**Associate:** Open to any individual residing outside of the Commonwealth of Pennsylvania and who is qualified to operate as a private investigator under the respective laws and regulations existing in that person's jurisdiction.

**Affiliate:** Open to any individual engaged in the profession of private investigations, or private security services, or who exhibits and expresses an interest in furthering the standards and objectives of PALI.

**Service and Industry:** Open to any individual or corporation that provides services or products relating to the private investigative industry and has an interest in furthering the standards and objectives of PALI.

#### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### PRESENT EMPLOYER

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your state, city, etc., require you to be licensed as an investigator? \_\_\_\_\_ If so, are you licensed? \_\_\_\_\_

By what agency / authority? \_\_\_\_\_ Date license issued \_\_\_\_\_ Lic.# \_\_\_\_\_

If licensed in multiple jurisdictions, please attach an addendum hereto showing additional licenses.

Have you ever been denied an investigator's license or has your license ever been suspended or revoked?

Yes    No   If yes, explain: \_\_\_\_\_

Have you ever been terminated from a position of investigator?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been arrested and/or convicted of a crime other than a traffic offense?  Yes  No

(Note: an affirmative response does not necessarily preclude you from membership) If yes, explain: \_\_\_\_\_

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### EMPLOYMENT HISTORY:

Please list the names, addresses and phone numbers of your past three (3) employers:

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### EDUCATION AND REFERENCE INFORMATION:

What level of formal education have you obtained? \_\_\_\_\_

Have you written or been a lecturer/speaker on any investigation-related subjects? If so, explain: \_\_\_\_\_

**List two personal references other than relatives or present/previous employers:**

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please list the PALI member that is sponsoring your membership application, and give his/her full name & address:

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**Do you pledge your support to the By-laws and Code of Ethics for PALI (can be found at [www.pali.org](http://www.pali.org))?**

Yes  No

### CERTIFICATION AND RELEASE OF INFORMATION AUTHORIZATION

I am applying for membership in the Pennsylvania Association of Licensed Investigators, Inc. I understand that submitting false, misleading, or incomplete information on this application will result in revocation of my membership. I understand that all information provided to PALI must be done in writing. If it is necessary to augment or correct information, it must be in writing. I agree to abide by the Bylaws, Code of Conduct, and Code of Ethics of PALI. I will voluntarily surrender my PALI membership, if any violation of the Bylaws, Code of Conduct, or Code of Ethics is found, following proper procedures identified in the Code of Conduct. I have not tried to mislead nor conceal facts concerning my background or qualifications for membership. I further understand that if my application is accepted, any false, misleading, or incomplete statements on this application shall be considered sufficient cause for denial or termination of membership. **I hereby authorize PALI to make any investigation of my personal, professional and employment history for the purpose of determining my eligibility for membership. This authorization releases and indemnifies any person, company or agency who furnishes such information from any liability whatsoever.** A photocopy of this form shall be as valid as the original. This authorization is valid for 180 days from date of signature.

I solemnly affirm, under the penalties of unsworn falsifications, that the contents of the foregoing are true to the best of my knowledge, information and belief.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR BOARD USE ONLY**

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***Investigation:***

• Reference #1 Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• Reference #2 Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• Other Notes: \_\_\_\_\_

\_\_\_\_\_

**Recommendation:**  Approved  Rejected

Result of background investigation: \_\_\_\_\_

**Executive Secretary Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SPECIALTY DATA SHEET FOR WEB SITE

**Please provide the following information for your page of the PALI web site:**

Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Company: \_\_\_\_\_ Company Web Site: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County of Licensing: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Certifications: CPP, CFE, CFC, CLI, BCFE, CII, CPA      Other Certifications: \_\_\_\_\_

Major metropolitan area that you would like listed as closest to you: \_\_\_\_\_

### Investigative Specialties

Select the **top three (3)** specialties you would like your company to be listed under:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Aerial Photography                     | <input type="checkbox"/> Explosives                      | <input type="checkbox"/> Sex Crimes                          |
| <input type="checkbox"/> Accident Investigation/Reconstruction  | <input type="checkbox"/> Genealogy Research              | <input type="checkbox"/> Statement Analysis                  |
| <input type="checkbox"/> Activity Checks                        | <input type="checkbox"/> General Investigation           | <input type="checkbox"/> Surveillance                        |
| <input type="checkbox"/> Alarm Systems                          | <input type="checkbox"/> Government Contracting          | <input type="checkbox"/> Technical Countermeasures           |
| <input type="checkbox"/> Arson Investigation                    | <input type="checkbox"/> Hidden Camera Sales & Rentals   | <input type="checkbox"/> Trademark Protection                |
| <input type="checkbox"/> Art Investigation                      | <input type="checkbox"/> Homicide/Death Investigation    | <input type="checkbox"/> Undercover Operations               |
| <input type="checkbox"/> Audio/Video Forensics                  | <input type="checkbox"/> Insurance/Fraud Investigation   | <input type="checkbox"/> White Collar Crime                  |
| <input type="checkbox"/> Aviation Issues                        | <input type="checkbox"/> Internal Theft/Investigation    | <input type="checkbox"/> Wind Energy Security                |
| <input type="checkbox"/> Background Investigation               | <input type="checkbox"/> International Investigation     | <input type="checkbox"/> Workers' Compensation Investigation |
| <input type="checkbox"/> Banking Community                      | <input type="checkbox"/> Interviews/Witness Locates      |  |
| <input type="checkbox"/> Child Abuse Investigation              | <input type="checkbox"/> Medical Malpractice/Claims      |  |
| <input type="checkbox"/> Civil Investigation/Litigation Support | <input type="checkbox"/> Missing Persons                 |  |
| <input type="checkbox"/> Computer Forensics                     | <input type="checkbox"/> Nursing Home Abuse              |  |
| <input type="checkbox"/> Corporate Investigation                | <input type="checkbox"/> Organized Crime                 |  |
| <input type="checkbox"/> Counterintelligence/Counterterrorism   | <input type="checkbox"/> Personal Injury Investigation   |  |
| <input type="checkbox"/> Covert CCTV Installation               | <input type="checkbox"/> Photography                     |  |
| <input type="checkbox"/> Criminal & Civil Investigation/Support | <input type="checkbox"/> Polygraphy                      |  |
| <input type="checkbox"/> Criminal Investigation/Support         | <input type="checkbox"/> Process Services                |  |
| <input type="checkbox"/> Crisis Management                      | <input type="checkbox"/> Product Counterfeiting          |  |
| <input type="checkbox"/> CTPAT Compliance                       | <input type="checkbox"/> Product Diversion               |  |
| <input type="checkbox"/> Custody & Support Issues               | <input type="checkbox"/> Product Liability Investigation |  |
| <input type="checkbox"/> Database Searches                      | <input type="checkbox"/> Production and Media Consulting |  |
| <input type="checkbox"/> DMV Information                        | <input type="checkbox"/> Profiling                       |  |
| <input type="checkbox"/> Domestic Investigation                 | <input type="checkbox"/> Protective Service              |  |
| <input type="checkbox"/> Drug Investigation                     | <input type="checkbox"/> Retail Issues                   |  |
| <input type="checkbox"/> Due Diligence                          | <input type="checkbox"/> Risk Management                 |  |
| <input type="checkbox"/> Employment/Pre-employment Issues       | <input type="checkbox"/> School Security                 |  |
| <input type="checkbox"/> Environmental Issues/Investigation     | <input type="checkbox"/> Security Consulting/Training    |  |
| <input type="checkbox"/> Ethics Issues                          | <input type="checkbox"/> Security Officer Deployment     |  |
| <input type="checkbox"/> Expert Witness                         | <input type="checkbox"/> Security Surveys                |  |