

1st STOP CHECKLIST: SECURITY GUARD SERVICES

REQUIREMENTS & REGULATIONS

- [] Security guards are licensed by the **Ohio Department of Public Safety Private Investigator Security Guard Services**. Please read the enclosed private investigator and security guard fact sheet. If you have questions, please call **(614) 466-4130** Fax: **(614) 466-0342**. Information is also on-line at <http://www.pisgs.ohio.gov>
Remember to check local laws.
- [] For more information, consult the **Ohio Revised Code (ORC) Section 4749**. The ORC can be found at your local library or on-line at <http://codes.ohio.gov/orc>.
- [] Security services are taxable. You need a **VENDOR'S LICENSE**. Contact the **OHIO DEPARTMENT OF TAXATION** at **(888) 405-4039** for Business Tax Assistance; **888-405-4089** for Tax Registration; or **(800) 282-1782** for the Forms Request Line. Information is also on-line at <http://business.ohio.gov>.

For more help, contact your local Small Business Development Center (SBDC).

www.ohiosbdc.ohio.gov

Remember to check local and federal laws.

THIS CHECKLIST IS ABOUT STATE REQUIREMENTS.



Private Investigator Security Guard Services

LICENSE & QUALIFYING AGENT APPLICATIONS GUIDE

License & Qualifying Agent User Guide

Revised: 05.21.2015



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Before You Start

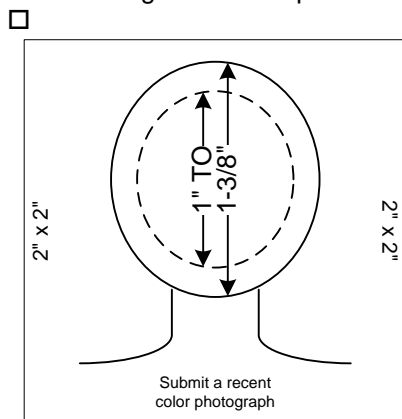
Prior to beginning the online license and qualifying agent application process you should have all of your documents in electronic format so they can be uploaded with you applications. Following are the documents you should have ready for uploading.

LICENSE APPLICATION

- Ohio Secretary of State Company Name Certificate (required) – Your company name must be registered with the Ohio Secretary of State. You can obtain this document by going to <http://www.sos.state.oh.us/> and search for your company name.
- Ohio Secretary of State Trade Name Certificate – This certificate is required if you will be doing business using a trade name. Your trade name must be registered with the Ohio Secretary of State. You can obtain this document by going to <http://www.sos.state.oh.us/> and search for your trade name.

QUALIFYING AGENT APPLICATION

- BCI Criminal Background Check (required) – All qualifying agents must have a criminal background check completed by the Ohio Bureau of Criminal Investigations (BCI) and forwarded to the Private Investigator Security Guard Services (PISGS) unit prior to a qualifying agent application being approved. Fingerprints can be taken at any WebCheck facility throughout Ohio. A WebCheck location can be found by going to <http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/ Webcheck-Community-Listing>. It is important that you inform WebCheck that you are applying for a Private Investigator Security Guard License (4749.06) and you would like a “Direct Copy” sent to “PISGS-Ohio Department of Public Safety.” If you do not inform WebCheck that you would like a “Direct Copy” sent to “PISGS-Ohio Department of Public Safety” the processing of your application will be delayed.
- Ohio Revised Code section 5122.301 – If you were adjudicated incompetent under Ohio Revised Code section 5122.301 and you have been restored to legal capacity; you must submit documentation indicating you have been restored to legal capacity.
- College degree – If you have a college degree in law enforcement, criminal justice, or a related field and you would like this education to be considered as part of your qualifying experience, you must submit a copy of your degree certificate.
- Military Police – If you have military police work experience and you would like this experience to be considered as part of your qualifying experience, you must submit a copy of your DD214 military separation document.
- Prior experience – If you have private investigator or security guard experience within the past two (2) years you wish to be considered as part of your qualifying experience, you must submit a copy of the license, certification, or registration from where you gained this experience.
- Attorney – If you have been a practicing attorney for the past two (2) years and you would like this experience to be considered as part of your qualifying experience, you must submit a letter of good standing from the supreme court of your state.



The color photograph must be of the individual alone, sufficiently recent to be a good likeness (taken within the last twelve months), and 2x2 inches in size. The image size measured from the bottom of the chin to the top of the 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 the face, **and a plain light (white or off-white) background**. The photograph must be taken **without a hat, head covering, or dark glasses**. Headphones, “Bluetooth”, or similar devices must **not** be worn in photographs. Any photographs retouched so that the appearance is changed will not be accepted. Snapshots, most vending machine prints, and magazine or Full-length photographs will not be accepted. Digitized photos must meet the previously stated qualifications and will be accepted at the discretion of PISGS. The uploaded photo must be less than 200kb and larger than 50kb.

- ❑ Letters of reference (required) – Five (5) letters of reference may be uploaded one at a time or all five letters may be combined in to one document and uploaded.

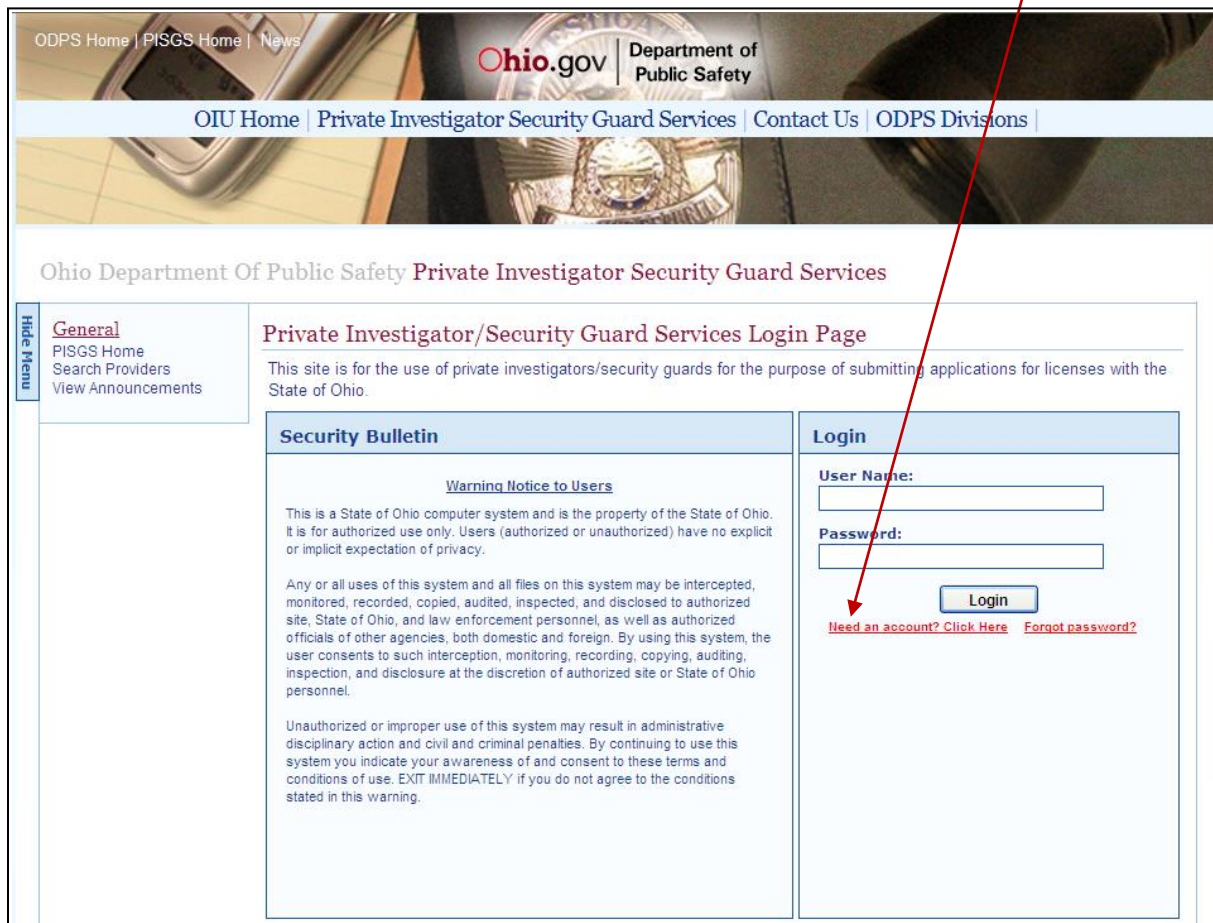
FIREARM BEARER ENDORSEMENT (optional)

If you will be carrying a firearm in the performance of you duties, the following is required:

- ❑ FBI Criminal Background Check – A Federal Bureau of Investigation (FBI) fingerprint criminal background check is required. This can be accomplished by completing the FBI section during the WebCheck process (see BCI Criminal Background Check above).
- ❑ Ohio Peace Officer Training Academy (OPOTA) Certificate.
- ❑ Score Sheet – If you are an Ohio Peace Officer, please upload a copy of your most recent score sheet.

Creating Your Account

If you don't have an account you must create one by clicking "[Need an account? Click Here](#)" under the **Login** button and follow the instructions.




Login

After your account has been created, do the following:

1. Enter your **User Name** (the one you created when you created your account).
2. Enter your **Password** (the one you created when you created your account).
3. Click the **Login** button.
4. The system will display the following screen.

Current Provider:
New

General
Home Page
View Announcements
Log off



Do you have a PISGS license from the state of Ohio? Yes No


PISGS Help: (614) 466-4130 Monday-Friday 8:00AM to 5:00PM or email : PISGLR@dps.state.oh.us

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If you do not have a PISGS license to operate as a private investigator and/or security guard company in Ohio, you should answer **No** to this questions and the system will display the following question.

Current Provider:
New

General
Home Page
View Announcements
Log off



Do you have a PISGS license from the state of Ohio? Yes No

Would you like to complete the License Application and pay the \$375.00 fee for a new PISGS license? Yes No

PISGS Help: (614) 466-4130 Monday-Friday 8:00AM to 5:00PM or email : PISGLR@dps.state.oh.us

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If you want to complete the PISGS license application and pay the associated fees, you should answer **Yes** to this questions and the system will display the **License Application** form for you to complete.

License Application

There are a few things you should know before you begin your application:

1. All of the documents mentioned in the *Before You Start* section should be in electronic format (i.e., Word, PDF, jpg, etc.) ready to be uploaded with your license, qualifying agent, and optional FAB applications.
2. Entry fields that have an asterisk (*) to the right of their name are required fields. Placing your cursor over the asterisk will display the required format of the field.
3. Entry fields that have a question (?) mark to the right of their name will display additional information you may need to complete the entry. Placing your cursor over the “?” will display the additional information.
4. If you have to leave the applications before completing them, make sure to save what you have completed by clicking the button or the button at the bottom of the screen.



Private Investigator Security Guard Services License Application

Application ID #:

Business Type			
<input checked="" type="radio"/> Corporation <input type="radio"/> Sole Proprietor <input type="radio"/> Limited Liability Co. <input type="radio"/> Partnership			
Class of License			
<input checked="" type="radio"/> Private Investigator & Security Guard (A) <input type="radio"/> Private Investigator (B) <input type="radio"/> Security Guard (C)			
Business Address			
Company Name *			
<input type="text"/>			
Trade Name			
<input type="text"/>			
Company Address (No P.O. Box #) *			Suite/Apt. #
<input type="text"/>			<input type="text"/>
Company Address Line 2			
<input type="text"/>			
City (no abbreviations) *	State	Zip + 4 *	County *
<input type="text"/>	Ohio ▼	<input type="text"/>	Select... ▼
Company Phone # * ?	Company FAX # ?	Company Email Address *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address <input type="checkbox"/> Same As Above			
Mailing Address *			Suite/Apt. #
<input type="text"/>			<input type="text"/>
Mailing Address Line 2			
<input type="text"/>			
City (no abbreviations) *	State	Zip + 4 *	County *
<input type="text"/>	Ohio ▼	<input type="text"/>	Select... ▼
Select address to be displayed to the public: <input checked="" type="radio"/> Business Address <input type="radio"/> Mailing Address			

- If you want correspondence to be sent to your business address click the **Same As Above** check box to the right of the **Mailing Address** section header. Your business address will be automatically displayed in the Mailing Address fields in this section. If you want your correspondence sent to a different address than your business address, you must enter a mailing address. For example, you may want your correspondence to go to a P.O. Box.
- The public can search our PISGS database to find a private investigator and/or security guard service organization. You have the ability to tell us which address to display to the public by clicking on the **Business Address** or **Mailing Address** radio button.

Contact Information			
<<<<<< This is the person PISGS will contact with questions regarding licensing and registration issues. >>>>>>			
First Name *	Last Name *		
<input type="text"/>	<input type="text"/>		
Title			
<input type="text"/>			
Contact Phone # * ?	Extension	Contact FAX # ?	Contact Person E-mail Address *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. PISGS communicates with you via e-mail. It is important that you complete the **Contact Information** section. Please make sure that your **Contact Person E-mail Address** is accurate since PISGS uses this address to send information electronically.

Has the company had a license to practice private investigator/security services denied, suspended or revoked, or been subject to other disciplinary action in this or any other state?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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8. The above question pertains to existing private investigator and/or security guard companies outside Ohio who are applying for a license to operate in Ohio.

Documents Required?	
Company Name Registration Certificate from Ohio Secretary of State affirming your entity is registered.	<input type="text"/> <input type="button" value="Browse..."/>
Trade Name Registration Certificate from Ohio Secretary of State affirming your entity is registered.	<input type="text"/> <input type="button" value="Browse..."/>
<input type="button" value="Save"/> <input type="button" value="Save and Exit"/> <input type="button" value="Exit"/> <input type="button" value="Continue QA"/> <input type="button" value="Continue Review"/>	
Transactions are not complete until the fees are paid via the Transaction Cart.	

9. The name of your company and trade name (if you use a trade name) must be registered with the Ohio Secretary of State. You can get a copy of your company name and trade name registration certificate by clicking on the **Ohio Secretary of State** hyperlink and then download these certificates to your computer. Once downloaded you can attach them to your application by clicking the button to locate the certificate on your computer. To attach them to your application simply click the **Open** button; the system will automatically attach the certificate to your application. These certificates must be uploaded with your license application. NOTE: If your company has been registered with the Secretary of State longer than six months prior to submitting your license application to PISGS, you will need to obtain a letter of good standing and submit it with your application.

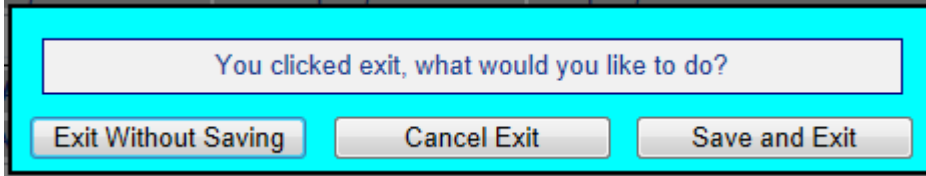
10. At the bottom of the License Application screen you will see the following buttons:

<input type="button" value="Save"/>	<input type="button" value="Save and Exit"/>	<input type="button" value="Exit"/>	<input type="button" value="Continue QA"/>	<input type="button" value="Continue Review"/>
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11. Clicking the button will save all of your key entered and uploaded documents so that you will not have to reenter them when you return to this application. It is recommended that you click this button often during the application process.

12. Clicking the button will save all of your key entered and uploaded documents and then will exit this application.

13. Clicking the button will display the following message:



Click one of the above buttons to continue.

14. Clicking the button will display the Qualifying Agent Application.

15. Clicking the button will display the Review Application and Submissions page.

Qualifying Agent Application



Private Investigator Security Guard Services Qualifying Agent Application

Company Name:	YOUR COMPANY NAME	<input type="text" value="201021001525"/>		
Trade Name:	YOUR COMPANY TRADE NAME			
Are you filling out this application for somebody else? <input type="radio"/> Yes <input checked="" type="radio"/> No				
Applicant's Personal Information				
First Name *	Initial	Last Name *	Suffix	
JOHN	Q	CITIZEN	None <input type="button" value="v"/>	
SSN *	Birth Date *			
***-**-1234	<input type="text"/>			
Primary Phone # *	Secondary Phone #	Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Height *	Weight *	Hair Color *	Eye Color *	Class
Select <input type="button" value="v"/> (ft) Select <input type="button" value="v"/> (in)	<input type="text"/> (lbs)	Select... <input type="button" value="v"/>	Select... <input type="button" value="v"/>	A <input type="button" value="v"/>
Distinguishing scars, marks, tattoos				
<input type="text"/>				
Ohio BCI Fingerprints	Authentication #			
<input type="text"/>	<input type="text"/>			
Please list your residences for the past 10 years, starting with your current residence				
<input type="button" value="Add New Address"/>				
Please list your employment for at least the past 7 years, starting with your current employer				
<input type="button" value="Add New Employer"/>				

1. Your company name and trade name (if you use a trade name) will automatically be displayed in the **Company Name** and **Trade Name** fields.
2. If you are completing this application for an individual you want for your qualifying agent, you will select the **Yes** radio button and the following section will be displayed.

Are you filling out this application for somebody else? Yes No

If you are filling out this information for somebody else, please enter the following:

Preparer's Full Name *

Preparer's Title * **Preparer's Phone # ***

- a. Enter your name in the **Preparer's Full Name** field.
- b. Enter your title in the **Preparer's Title** field.
- c. Enter your phone number in the **Preparer's Phone #** field.
3. Complete the **Applicant's Personal Information** section. Note: The **Class** field refers to the class of registration and is the same as the class of registration you chose on your license application.
4. If you know the date that your fingerprints were submitted, enter the date and Authentication # in these fields. If you don't know the date or the Authentication #, leave these fields blank.
5. Click the Add New Address button to enter your residence information for the past ten (10) years. You can enter up to 10 addresses. The following will be displayed when you click this button:

Please list your residences for the past 10 years, starting with your current residence

Home Address *	Suite/Apt #	From *	To *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> <small>calendar icon</small>	<input style="width: 95%;" type="text" value="09/29/2014"/> <small>calendar icon</small>
City (no abbreviations) *	State *	Zip + 4 *	County *
<input style="width: 95%;" type="text"/>	Ohio <small>dropdown arrow</small>	<input style="width: 95%;" type="text"/>	Select... <small>dropdown arrow</small>
Add Address		Cancel	

- a. If you made a mistake, click the Cancel button and start over.
6. For each new address entered, click the Add Address button to add it to your application.
7. Click the Add New Employer button to enter your employer information for the past seven (7) years. You can enter up to 10 addresses. The following will be displayed when you click this button:

Please list your employment for at least the past 7 years, starting with your current employer

Company Name *	From *	To *
<input type="text"/>	<input type="text"/>	09/29/2014
Company Address *	Suite/Apt #	
<input type="text"/>	<input type="text"/>	
City (no abbreviations) *	State *	Zip + 4 *
<input type="text"/>	Ohio	<input type="text"/>
County *		
Select...		
Job Duties *		
<input type="text"/>		
Were you a commissioned peace officer at this organization?		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
<input type="button" value="Add Employer"/> <input type="button" value="Cancel"/>		

8. For each new company address entered, click the button to add it to your application.
 - a. If you made a mistake, click the button and start over.

9. Complete the **Experience** section.

Experience	
1. Do you have an Associate degree or higher in law enforcement or criminal justice?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Are you, or have you been engaged in the practice of law in the past 2 years?	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Did you perform military police work in any branch of the armed forces of the United States?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Are you or have you ever been licensed/registered as a private investigator or security guard in any state within the past 2 years?	<input type="radio"/> Yes <input checked="" type="radio"/> No

10. If you select the “Yes” radio button on any of these questions, you will be asked to upload supporting documents. For example, if you selected **Yes** to the first question, the following will be displayed:

1. Do you have an Associate degree or higher in law enforcement or criminal justice?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Please upload degree certificate or transcripts.	<input type="text"/> <input type="button" value="Browse..."/>

11. Complete the **Background Information** section.

Background Information	
1. Have you ever had a license to practice a private investigation and security services profession denied, suspended or revoked, or been subject to other disciplinary action in this or any other state?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Have you ever been convicted of or do you have a pending felony charge?	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Have you ever been adjudicated incompetent under Ohio Revised Code section 5122.301?	<input type="radio"/> Yes <input checked="" type="radio"/> No

12. If you select the “Yes” radio button on any of these questions, you will be asked to enter an explanation and to upload supporting documents. For example, If you selected **Yes** to the second question, the following will be displayed:

2. Have you ever been convicted of or do you have a pending felony charge? Yes No

EXPLAIN

Maximum number of characters: 255

Please upload final court journal entry copies with dates and an explanation of situation.

13. Responding to the following **Veteran Information** question is optional. Complete the **Veteran Information** only if the applicant or the applicant's spouse is a veteran or active member of the U.S. Armed Forces and only if you want to divulge this information to PISGS.

Veteran Information

Are you or your spouse a veteran or active member of the United States Armed Forces?
If yes, please upload you or your spouse's DD214, current military ID, or current orders. (Optional)

Self

Spouse

Note: If you answered "Yes" to the **Experience** section question #3 regarding military police work and uploaded a DD214, you can ignore this question for **Self**; the system has this information. If the applicant's spouse is a veteran or currently on active duty and you want to divulge this information to PISGS, then click the box to the left of the **Spouse** selection and upload the spouse's DD104. For example, if you click the **Spouse** box, the following will be displayed.

Veteran Information

Are you or your spouse a veteran or active member of the United States Armed Forces?
If yes, please upload you or your spouse's DD214, current military ID, or current orders. (Optional)

Self

Spouse

This upload is optional

14. Complete the **Public Record Availability** section only if it applies to the applicant.

Public Record Availability

Are you currently a commissioned peace officer, parole officer, prosecuting or assistant prosecuting attorney, correctional employee, youth services employee, firefighter, EMT, probation officer, bailiff, or an investigator of the bureau of criminal investigation? Yes No

15. Complete the **Firearm Bearer (FAB) Notation** section only if the applicant is to carry a firearm in the performance of their duties.

Firearm Bearer (FAB) Notation

Do you want to add a firearm bearer (FAB) notation? Yes No

16. If you answer "Yes" to the firearm bearer question, the following will be displayed for completion.

Please upload a copy of your : Ohio Peace Officer Training Program certificate OR Private Security Firearms Training Program certificate.		<input type="text"/>	<input type="button" value="Browse..."/>
FBI Fingerprints	Authentication #		
<input type="text"/>	<input type="text"/>		
FAB Type		Requalification Due By:	
Revolver	<input type="checkbox"/>	<input type="text"/>	
Semi-Automatic	<input type="checkbox"/>	<input type="text"/>	
Shotgun	<input type="checkbox"/>	<input type="text"/>	

- a. Upload the applicant's Ohio Peace Officer Training Commission (OPOTC) program certificate.
 - b. Enter the date the applicant's FBI fingerprints were taken, if available.
 - c. Enter the Authentication #, if available.
 - d. Select the FAB Type (i.e. Revolver, Semi-Automatic, Shotgun).
 - e. Enter the date the applicant must requalify their firearm. This date is located on the OPOTC program certificate.
17. Upload a **Photo** of the applicant making certain that the photo adheres to the instructions described in the **Before You Start** section above.

Photo	
2" x 2" digitized photo. Photo must be on a white background with the QA's full face visible (NO headgear) and the photo must be no more than 12 months old. (Must be in .jpg, .jpeg, or .png format)	<input type="text"/> <input type="button" value="Browse..."/>
	Click here to use the Passport Website to size/crop an existing photo from your computer

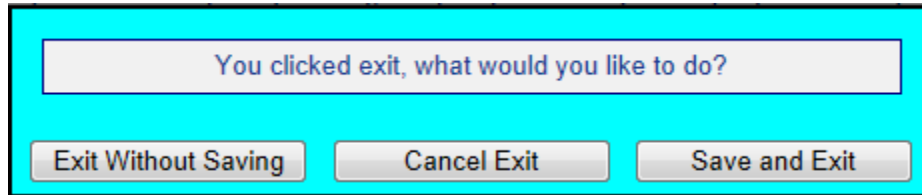
18. Complete the **Character References** section.

Character References	
Character references from at least five reputable citizens for the qualifying agent applicant each of whom has known the applicant for at least five years preceding the application, and none of which are connected with the applicant by blood or marriage.	1. <input type="text"/> <input type="button" value="Browse..."/>
Each reference letter must state how the individual knows the applicant, how long they have known the applicant, and remarks regarding how they feel about the applicant's character. Each letter must be signed and dated within the past three months.	2. <input type="text"/> <input type="button" value="Browse..."/>
	3. <input type="text"/> <input type="button" value="Browse..."/>
	4. <input type="text"/> <input type="button" value="Browse..."/>
	5. <input type="text"/> <input type="button" value="Browse..."/>

19. Click one of the following buttons:

<input type="button" value="Save"/>	<input type="button" value="Exit"/>	<input type="button" value="Clear"/>	<input type="button" value="Go to Provider"/>	<input type="button" value="Continue Review"/>
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- a. If you click the button, the system will save the entered data and all of the uploaded documents.
- b. If you click the button, the system will display the following screen and you will be required to select one of the actions to take:



- c. If you click the button, the system will clear the entered data and all of the uploaded documents.
- d. If you click the button, the system will take you back to the **License Application** screen.
- e. If you click the button, the system will take you to the **Review Applications and Submissions** screen below.

Review Applications and Submissions

Review Applications and Submissions

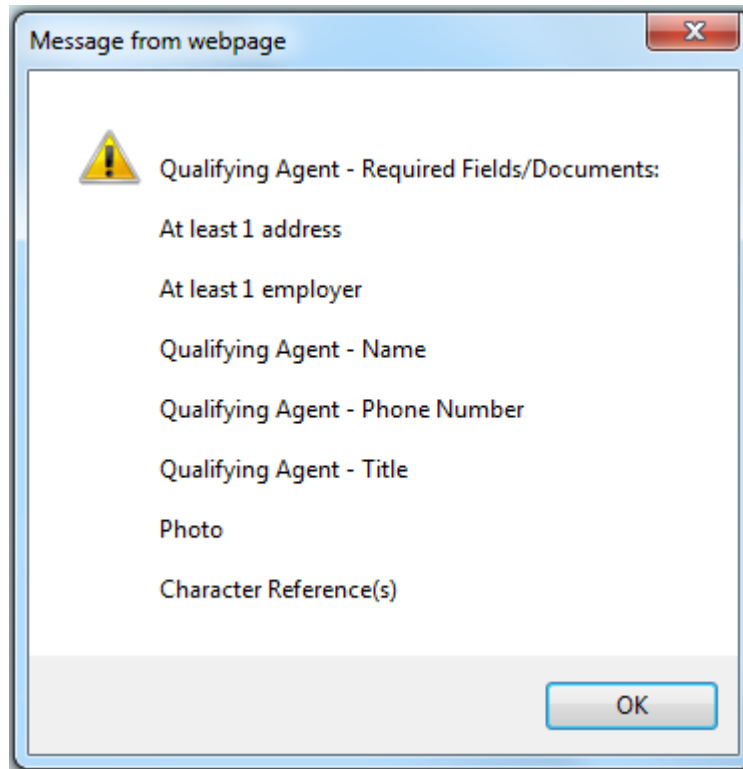
Company Name:	TEST COMPANY
Address 1:	1952 W. BROAD ST
City/State/Zip:	COLUMBUS, OH 432250000

License Application			
Document	Status		
Name Registration Certificate	Uploaded	<input type="button" value="Browse..."/>	<input type="button" value="View"/>
Trade Name Certificate	N/A	<input type="button" value="Browse..."/>	
Qualifying Agent Application: JAMES CITIZEN			
Document	Status		
Adjudicated Incompetence Document	N/A	<input type="button" value="Browse..."/>	
Degree	N/A	<input type="button" value="Browse..."/>	
Ohio Peace Officer Certificate	N/A	<input type="button" value="Browse..."/>	
DD214	N/A	<input type="button" value="Browse..."/>	
Out-Of-State license/certificate/registration	N/A	<input type="button" value="Browse..."/>	
FAB Score Sheet	N/A	<input type="button" value="Browse..."/>	
2 x 2 Color Photo	Uploaded	<input type="button" value="Browse..."/>	<input type="button" value="View"/>
Character Reference 1 - a test doc3-ref ltr1.docx	Uploaded	<input type="button" value="Browse..."/>	<input type="button" value="View"/>
Character Reference 2 - a test doc4-ref ltr2.docx	Uploaded	<input type="button" value="Browse..."/>	<input type="button" value="View"/>
Character Reference 3 - a test doc5-ref ltr3.docx	Uploaded	<input type="button" value="Browse..."/>	<input type="button" value="View"/>
Character Reference 4 - a test doc6-ref ltr4.docx	Uploaded	<input type="button" value="Browse..."/>	<input type="button" value="View"/>
Character Reference 5 - a test doc7-ref ltr5.docx	Uploaded	<input type="button" value="Browse..."/>	<input type="button" value="View"/>


Fees			
Name	Application ID	Application Type	Fee
TEST COMPANY	00019429	ProviderNew	\$375.00
JAMES CITIZEN	00019433	New QA	\$30.00
			Total Fees: \$405.00

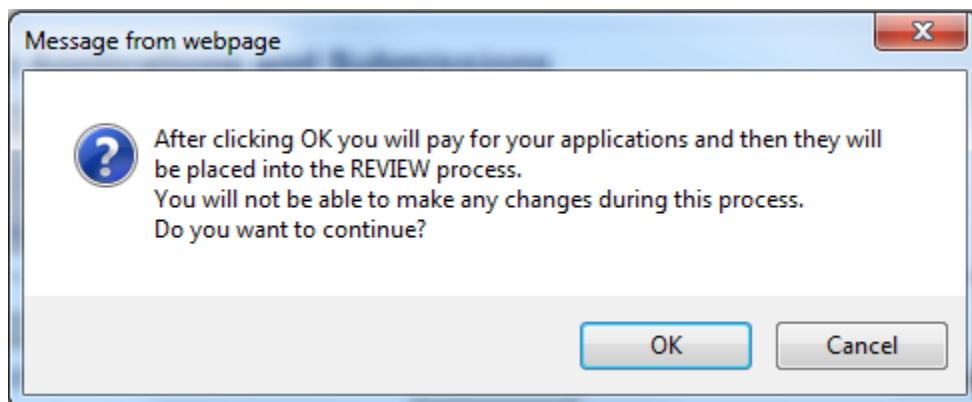
Credit Card Checking

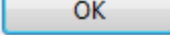
On the **Review Applications and Submissions** screen you can upload documents that you overlooked or view the documents you have submitted. If all of the documents have been uploaded to your satisfaction, you can pay your fees by clicking the button. We recommend paying your fees by credit card since this is the quickest and most convenient way of paying. When you click the button the system will check to see if all of the required documents are present. If any of the documents or required data is missing, an Error screen will be displayed informing you of what needs to be corrected before paying your fees. For example, the following screen may be displayed:



If this screen is displayed, you will have to make corrections before continuing to the payment process.

If the following screen is displayed, all of the required data and documents are ready to be submitted. If you click the  button, you will end processing and be returned to the **Review Applications and Submissions** screen where you can EXIT the system. All of the data entered and the documents that are ready to be submitted will be saved. You can return at a later time and complete the payment process.



If you click the  button you will be taken to the Payment Processing screen.

Pay by Credit Card

If you selected "Credit Card" as your method for making 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: \$405.00

Payment Information

* Credit Card Number:	<input type="text"/>	* Credit Card Type:	<input type="text" value="v"/>
* Expiration Month:	<input type="text" value="v"/>	* Expiration Year:	<input type="text" value="v"/>
* Card Security Code:	<input type="text"/>		

Billing Information

First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
* Last/Business Name:	<input type="text"/>	* Phone:	<input type="text"/>
* Address Line 1:	<input type="text"/>	Address Line 2:	<input type="text"/>
* City:	<input type="text"/>	* State/Province/Region:	<input type="text"/>
* Zip/Postal Code:	<input type="text"/>	Country:	<input type="text" value="v"/>
Email:	<input type="text"/>		

Continue

Cancel

Technical Support

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

Pay by Personal Check

If you selected "Checking" as your method of making 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.

John Doe
1234 Main Street
Anytown, US 12345-1234

0123

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:

Continue

Cancel

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

The system will display a message letting you know if the submission of your applications and payment is completed successfully.