Private Investigators Licensing Board Online Portal Renewal Instructions



Logging Into Your Account

- <u>https://pilb.nv.gov/</u>
- Click on the <u>Online Portal</u> tab

If you do not have an online portal account please follow instructions on pages 2 through 9



Logging Into Your Account

- <u>https://pilb.nv.gov/</u>
- Click on the <u>Portal Login</u>
- You can also find instructions on adding people to rosters, license renewals and portal login.



Logging into Your Account

- 1. Ensure pop-ups are enabled for our site
- 2. Log in



Private Investigators Licensing Board

Licensee Portal

Welcome to the State of Nevada Private Investigators Licensing Board Portal. This online environment provides the ability to manage your individual and/or company record from any computer or portable device with Internet access.

After you have logged in, select the "My Companies" tab to manage your staff roster.

Sign In	Create Account Request Access to Site
Email testperson@pilb.com	
Password ••••••••• Password •••••••• Password? Sign In	

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Online Portal

Prior to beginning your renewal, you will need:

- 1. A **new** electronic copy of a facial photo
 - Facing forward
 - From the shoulders up
 - Against a white background
 - No hat, mask or glasses
- 2. An electronic copy of your current certificate of insurance available to upload



To access your company renewal

- 1. Click My Licenses
 - a) Under **Incomplete Forms** Double click the renewal form link

newal		
Forms newal form	1 Applications & Forms My Licenses My Companies User Settings Contact Us Logout	
	Incomplete Forms DOCUMENT NAME License Renewal Form for: - QAT _TEST - 5/1/2019 5/1/2019	

You will be taken to a 5-page form to complete.

License Rene	wal Form				
Renewal Details	Required Documents	Compliance Form	Child Support Information	Internal Payment Details	
Licensee Details					
First Name*		Last Nam _CHINN	e*	Middle Name	
Date of Birth*		SSN * 333-33-3	3333		
Mailing Address					
Mailing Address	Has Changed				
Mailing Addess 232 CEDAR BREAKS					
Building/Suite #					
City LAS VEGAS		State NV	Zip ▼ 89156		

- 1. Ensure all the license details fields are filled out correctly
 - a) Including Date of Birth and Social Security Number

L

You may <u>not</u> use this form to change your name, DOB or SSN. Please contact our office if a change is required.

- 2. You may update your mailing address
 - Do not use any Symbols or punctuation (#, -, .)

icense Rene	wal Form					
Renewal Details	Required Documents	Compliance Form	Child Support Inf	ormation Ir	nternal Payment Details	
icensee Details	1					
First Name* _RYAN Date of Birth* 03/03/1973	a)	Last Name _CHINN SSN* 333-33-3	2* 333	a)	Middle Name	
Mailing Address						
Mailing Address H Mailing Addess 232 CEDAR BREAKS Building/Suite #	Has Changed 2					
City LAS VEGAS		State NV	Zip ▼ 89156			

Branch Offices:

A branch office is a location where business is conducted, <u>other than</u> the main office address we have on file.

- 1. On this first page, you may have a list of Branch Offices. Please ensure that all addresses are correct for these offices. You will also have the option to mark the office as closed.
- 2. Additionally, you may add branch offices by clicking on the add button. This will update your invoice amount prior to submission.

List of Licenses:

1. Below the Branch Offices section will be a list of your License Categories. You may have one or multiple items listed. For Qualifying Agents, you will see two listings for each License Category that you are a QA for.

Branch Offices	Add
License Categories	Add
10041 Repossessor (Individual) Abeyance \$100.00	Remove
9999 Repossessor (Corporate) Active \$500.00	Remove

First Page Disclaimer:

- 1. On this first page, you must click **the FIRST BOX** acknowledging that you agree with the statement
- 2. And then **CHOOSE ONE** of the statements below before clicking next.

I certify that I have not been convicted of any crime by any court or military authority, either in this country or abroad in the past twelve (12) months, or otherwise committed any act that would disqualify me from obtaining a license pursuant to NRS 648.

Choose One

I certify that no changes have been made in the location of the principal office, branch office, associates, directors, partners or managers and that none of the aforementioned have been changed without the director of the Nevada Private Investigators Licensing Board being notified in writing prior to the renewal date. This is in accordance with NRS 648.148.

OR

All statements and information provided to the Nevada Private Investigators Licensing Board concerning my business has been updated to reflect changes.

Required Documents Tab:

The documents required to complete the renewal are:

- 1. A **new** electronic photo must be provided each year.
- 2. Proof of insurance (a copy is required at the time of renewal)

If you select Upload Now:

 Please answer the following Yes or No question

	o o mpriance i o mi	Child Support Information	Internal Payment Details
bmitting the required	documents and pho	to for this application?*	
g this form using an A	pple Device (Mac, iPl	hone, iPad etc.)?	
	Next		
		A2A	
C	hrom	e sto	
	prop Off g this form using an A	s this form using an Apple Device (Mac, iPl Next	n prop off this form using an Apple Device (Mac, iPhone, iPad etc.)? Next

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Required Documents Tab:

ONLY click YES if you have a MAC or Apple product:



1. In order to attach documents you must

- Open a new browser window
- copy and paste URL into this new browser window

Renewal Details	Required Documents	Compliance Form	Child Support Information	Internal Payment Details				
How will you be s	How will you be submitting the required documents and photo for this application?*							

● Upload Now ○ Mail ○ Drop Off

Are you completing this form using an Apple Device (Mac, iPhone, iPad etc.)?

Next

Apple Link

Yes

Back

Uploading attachments to this form using an Apple device is not available at this time. In order to attach your required documents you have the following option:

1. Copy and paste the below URL into a new web browser page. You can do this either before or after saving this form.

https://nevadapilb.onbaseonline.com/NevadaPiLB/UnityForms/UnityForm.aspx?d1=ASoeQ%2bo5DyZM6ltZaHrY25h8b84QOKZ%2bu4rhk3oY4SoYyJNbFRNrPWbe8BdalwWZn3b%2fwCTLkQA6sTRKgJfU%2fgmTnlaYmaQfRwVHPkFv% 2fsrOl%2fVw4qTbQqkW%2bX0PucOKLbRopHE1fLZMgJEBcnXOla3tB5MdA3EuwZNYrP%2bprayOt1nsoVeNIn5GSCTzcqP%2bF%2fX2ygO%2fhDEo%2fRHEZ6HuJApjqDa2BVQrA%2fdKkM% 2fE7F4i7pUKNJS0D4yQBKEkUmkNjzEd6vvzrDwr2dGiONAs6DzlhvlpHyu%2f8ABc7aGPiyhN&ufpretextboxRenewalFormID=2275040&ufprecheckboxIsCFI=0&ufprehash=mRejAMHfWW0Hn0yznVRVx1dMS%2Bn%2FAH8L% 2BJDqClbe3PE%3D

Online Portal Required Documents Tab: When you open the URL link:

- 1. You will be brought to this form. Please upload the required documents
- 2. If you upload now:
 - a) You <u>must</u>upload <u>both</u> documents
 - b) Please limit the type of document to a PDF or scanned TIF image. Do not upload Word, Excel or Email messages.
- 3. Click **SUBMIT t**hen <u>return</u> <u>back</u> to the renewal form



License Renewal Attachments

- You will need to include the following documents:
- * 2"x2" Photo
- * Proof/Copy of Insurance Policy

) Photo
x2" Photo * Attach 2"x2" Photo
surance Information
surance Information * Attach Insurance Information
bmit

Required Documents Tab:

- 1. If you select NO (not using an apple or MAC product):
 - a) You <u>must</u> upload <u>both</u> documents
 - b) Please limit the type of document to a PDF or scanned TIF image. Do not upload Word, Excel or Email messages to this.

		PDF	est of the second		
Renewal Details	Required Documents	Compliance Form	Child Support Information	Internal Payment Details	
How will you be s • Upload Now OM	ubmitting the required all O Drop Off	documents and pho	oto for this application?*		
Are you completin Yes No	ng this form using an Ap	ople Device (Mac, iP	hone, iPad etc.)?		
ID Photo 2"x2" Photo*					
Attach 2"x2" Photo	D				
Insurance Inform	ation				
Insurance Informatio	n * nformation				
Back		Next			

Compliance Form Tab:

- Read through the document
- 2. Scroll to the bottom of the page

Back

- 3. Check you Agree
- 4. Type in your name
- 5. Click Next



Next

Child Support Information Tab:

- 1. Check **one** option
- 2. Type in your name
- 3. Click Next

Renewal Details	Required Documents	Compliance Form	Child Support Information	Internal Payment Details					
Please mark the appr	Please mark the appropriate response								
Failure to mark one of	the three will result in denia	l of the applicatin							
$\square *$ I am not sul	bject to a court order for the	e support of a child	ildren and am in complaince with t	the order or am in compliance w	vith a plan approved by				
the district	attorney or other public age	ency enforcing the order	for the repayment of the amount	owed pursuant to the order	nar a plan approtea by				
I am subjection or other put of the sector of the secto	t to a court order for the sup blic agency enforcing the or	pport of one or more chi der for the repayment o	ildren and I am not in compliance f the amount owed pursuant to th	with the order or a plan approve e order.	ed by the district attorney				
I affirm that I have re	ad and understood this disc	laimer in full and in sign	ning this form understand that I ar	n not guaranteed a Provisional I	Registration at this time.				
I am electronically sig	ning this disclaimer by typi	ng my name below and a	agree that my electronic signature	be used for this disclaimer.					
* 2									
Back	N	ext 3							

Payment Page:

1. You are able to forward this payment page to another person for payment

License Renewal Form

Renewal Details Required Documents	Compliance Form	Child Support Information	Payment and Signature	
Check here to forward to a corporate office for	payment			
How are you going to pay for this application?* Pay Online Mail (Check or Money Order)) I will drop off the paym	ent		
We do not accept American Express.				
Total Amount Due				
Payment Information Do not allow these fields to autofill. This If it does autofill, you must delete the info	will result in your pa ormation and type it	yment being denied. in manually.		
First Name*		Last Name *		
Billing Address*		City*		
State*		Zip*		
Enter your email address for your payment rece	ipt*			
Credit Card #*		Expiration Month*	Expiration Ye	ear*

Payment Page:

- 1. When this option is chosen, enter an email for the person the invoice should be forwarded to
- 2. You are still required to sign and submit the application
- 3. Notify the person that a link will be emailed to them to pay the invoice
 - The email will come from No-reply@onbaseonline.com
 - Please check junk and spam

License Rene	ewal Form				
Renewal Details	Required Documents	Compliance Form	Child Support Information	Payment and Signature	
Check here to forw	ard to a corporate office for	payment			
Corporate Payee	Details				
Provide the corpora	te email address to forward	this invoice to)	
Total Amount Due					
<u>Mailing Addresses:</u>					
State of Nevada, Priv. 3110 S. Durango Driv Las Vegas, NV 89117	ate Investigators Licensing ve, Suite 203	Board			
You must include w	which License numbers w	th any payments you	i send.		

Signature

By submitting this application and all associated documents, I certify all of the information provided is true and accurate to the best of my knowledge. I understand that withholding of information or giving false information will result in the denial of my application.

I am electronically signing this application by typing my name below and agree that my electronic signature be used on this application.

Back	Print This Form	Submit Application

Payment Page:

- 1. Otherwise, you may make the payment yourself here.
 - Pay Online
 - Mail
 - Drop off

Renewal Details	Required Documents	Compliance Form	Child Support Information	Payment and Signature
Check here to forw	ard to a corporate office fo	or payment		
ow are you going to Pay Online O Mail	pay for this application?* (Check or Money Order)	2) I will drop off the paym	ent	
/e do not accept /	American Express.			
otal Amount Due				
Payment Informat	tion			
Payment Informat Do not allow these	t <mark>ion</mark> e fields to autofill. This	will result in your pa	yment being denied.	
Payment Informat Do not allow these f it does autofill, y	t ion e fields to autofill. This you must delete the inf	will result in your pa formation and type it	yment being denied. in manually.	
Payment Informat Do not allow these f it does autofill, v First Name*	t ion e fields to autofill. This you must delete the inf	will result in your pa formation and type it	yment being denied. in manually. Last Name*	
Payment Informat Do not allow these f it does autofill, v First Name*	tion e fields to autofill. This you must delete the inf	will result in your pa formation and type it	yment being denied. in manually. Last Name*	
Payment Informat Do not allow these f it does autofill, v First Name* Billing Address*	tion e fields to autofill. This you must delete the inf	will result in your pa formation and type it	yment being denied. in manually. Last Name* City*	
Payment Informat Do not allow these f it does autofill, ' First Name* Billing Address* State*	tion e fields to autofill. This you must delete the inf	will result in your pa formation and type it	yment being denied. in manually. Last Name* City* Zip*	
Payment Informat Do not allow these f it does autofill, ' First Name* Billing Address*	tion e fields to autofill. This you must delete the inf	will result in your pa formation and type it	yment being denied. in manually. Last Name* City* Zip*	
Payment Informat Do not allow these f it does autofill, ' First Name* Billing Address* State* Enter your email add	tion e fields to autofill. This you must delete the inf	will result in your pa formation and type it	yment being denied. in manually. Last Name* City*	

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Payment Page:

Pay Online Option:

- a) Please use a Credit or Debit card for this process. (we do not accept American Express)
- b) This email may be different than the email we have on file

c) Do not use any Symbols (#, -, .) in the address section of the form.

If your payment information auto fills, you must delete the information and type it in manually

License Renewal Form

Renewal Details	Required Documents	Compliance Form	Child Support Information	Payment and Signature
Check here to forwa	ard to a corporate office for	r payment		
How are you going to Pay Online Mail	pay for this application?* (Check or Money Order)) I will drop off the payme	ent	
We do not accept /	American Express.			
Total Amount Due]			
Payment Informat Do not allow these If it does autofill, y	ion fields to autofill. This you must delete the info	will result in your pay ormation and type it i	vment being denied. in manually.	
First Name *			Last Name *	
Billing Address*			City*	
State*	•		Zip *	
Enter your email add	lress for your payment rece	eipt *		
Credit Card #*			Expiration Month*	Expiration Year*

Payment Page:

Pay Online Option:

Once payment information is entered, please

- Enter your name the way it appears on your credit card
- 2. Print form for records
- 3. Click the **SUBMIT** Application button

You MUST click submit to complete the renewal process.

You must ind	lude which	License	numbers	with any	v payments	vou send.

Signature

By submitting this application and all associated documents, I certify all of the information provided is true and accurate to the best of my that withholding of information or giving false information will result in the denial of my application.

I am electronically signing this application by typing my name below and agree that my electronic signature be used on this application.

1		
Back	2 Print This Form	3 Submit Application

Payment Page:

Mail Option:

- 1. Enter your name on the form
- 2. Print form for your records
- 3. Submit application
- 4. Then Mail us a money order, cashiers check or business check to our Las Vegas office.
 - a) Make payment out to **PILB**
 - b) Include a copy of renewal form and any supporting documentation

Renewal Details	Required Documents	Compliance Form	Child Support Information	Payment and Signature
Check here to form	vard to a corporate office fo	r payment		
How are you going to Pay Online Mai	pay for this application?* I (Check or Money Order)) I will drop off the paym	ent	
Total Amount Due				
100.00				
Mailing Addresses:				
State of Nevada, Priv	ate Investigators Licensing	Board		
3110 S. Durango Driv	ve, Suite 203 4			
Las Vegas, NV 89117				
You must include v	which License numbers w	ith any payments you	send.	
Signature				
By submitting this a that withholding of	application and all associate information or giving false	ed documents, I certify a information will result in	ll of the information provided is to the denial of my application.	rue and accurate to the best of my
I am electronically	signing this application by t	yping my name below a	nd agree that my electronic signat	ure be used on this application.
*				
Back	2 Print T	his Form	3 Submit Application	

Payment Page:

Drop off Option:

- 1. Enter your name on the form
- 2. Print form for records
- 3. Submit application
- 4. Then come into our office to make payment
- 5. Bring a copy of renewal form and any supporting documentation

	Required Documents	Compliance Form	Child Support Information	Payment and Signature
Check here to forw	vard to a corporate office fo	r payment		
How are you going to O Pay Online O Mai	pay for this application?* I (Check or Money Orde)	I will drop off the paym	ent	
Total Amount Due				
100.00				
Payment Drop off loc	ations:			
State of Nevada, Priv	ate Investigators Licensing	Board		
3110 S. Durango Driv	ve, Suite 203 4			
Las Vegas, NV 89117				
Signature				
Signature				
Signature By submitting this a	application and all associate	ed documents, I certify a	Il of the information provided is t	rue and accurate to the best of my knowled
Signature By submitting this a that withholding of	application and all associate information or giving false	ed documents, I certify a information will result i	ll of the information provided is to n the denial of my application.	rue and accurate to the best of my knowled
Signature By submitting this a that withholding of I am electronically s	application and all associate information or giving false signing this application by t	ed documents, I certify a information will result i yping my name below a	ll of the information provided is to n the denial of my application. nd agree that my electronic signat	rue and accurate to the best of my knowled ure be used on this application.
Signature By submitting this a that withholding of I am electronically s	application and all associate information or giving false signing this application by t	ed documents, I certify a information will result i yping my name below a	II of the information provided is to n the denial of my application. nd agree that my electronic signat	rue and accurate to the best of my knowled rure be used on this application.
Signature By submitting this a that withholding of I am electronically s	application and all associate information or giving false signing this application by t	ed documents, I certify a information will result i yping my name below a	ll of the information provided is to n the denial of my application. nd agree that my electronic signat	rue and accurate to the best of my knowled rure be used on this application.
Signature By submitting this a that withholding of I am electronically s * 1 Back	application and all associate information or giving false signing this application by t 2 Print T	ed documents, I certify a information will result i yping my name below a his Form	Il of the information provided is to n the denial of my application. nd agree that my electronic signat 3 Submit Application	rue and accurate to the best of my knowled ure be used on this application.

We are asking all licensees to update their physical/mailing address **ON THE PORTAL.**

This would be different than that was generated on the renewal form.

1. Click My Companies



This address is what will display to the public when they search your company or ask for contact information.

- 1. Select which address you want displayed to the public
- 2. Click submit address change to update address

If you get an error message after trying to save, do not worry. When you sign back in or refresh the page the updated address will show properly.

ton Blvd - Las Vegas		
Address Details		
Mailing Address		
Street 303 S SAHARA AVE		
Building/Apt/Suite # SUITE 2		
City LAS VEGAS	State NV	ZIP 89103
Physical Address		
Physical Address Street		
Physical Address Street 456 Charleston Blvd Building/Apt/Suite # Ste 123		
Physical Address Street 456 Charleston Blvd Building/Apt/Suite # Ste 123 City Las Vegas	State NV	ZIP 89147



Las Vegas Office 3110 S. Durango Dr. Suite 203 Las Vegas, NV 89117 Phone: (702) 486-3003

Carson City Office 400 W King Street, Suite 101 Carson City, NV 89703 Phone: (775) 684-3126

Email: <a>PILBinfo@pilb.nv.gov

Accepted forms of Payment:

We accept debit, credit card, money order, cashier's checks or Licensee checks in our office. No cash is accepted. American Express is not accepted.