

CPCS PRIVATE INVESTIGATOR VENDOR FY 2024 ANNUAL PAYMENT REGISTRATION

Vendor or Company Name _____

Resident Manager (if different) _____

Applicant Name (if different) _____

Vendor # _____

Address _____

License # _____

Effective through ____/____/____

Last 4 Digits of SSN _____

Applicant Year of Birth _____

Does anyone perform investigations other than the Resident Manager named above? Yes No

Have you attached to this form a copy of your current Private Investigator License? Yes No

I, _____, hereby state that I

acknowledge my ongoing duty to the Committee for Public Counsel Services to report to the Audit and Oversight Department all information regarding complaints of any kind made to any licensing authority or agency within 3 days of my knowledge thereof and I (select one below)

do not employ, contract or otherwise utilize the services of any persons or entities to provide investigative services to indigent persons.

OR

employ or contract others to provide investigative services to indigent persons and that I have complied with the mandates of G.L. c. 147 s. 28 and performed a review of the background of such person(s) and, to the best of my knowledge, no such person has been convicted of a felony nor is he or she otherwise ineligible to perform investigations. Further I certify that the names of all employees/contractors providing services to CPCS clients are included in my Vbill account and I have reviewed and confirmed the accuracy of the information provided to CPCS and provided therein.

Signed under the pains and penalties of perjury this _____ day of _____ 20____.

Signature of Vendor or Resident Manager

Printed Name

Note: Please attach a copy of current investigator license to this form.