



BLUE HEN CORPORATE CENTER  
655 SOUTH BAY ROAD, SUITE 1B  
DOVER, DE 19901

STATE OF DELAWARE  
DEPARTMENT OF SAFETY AND HOMELAND SECURITY  
DIVISION OF STATE POLICE

PHONE: 302-672-5304 or 5305  
FAX: 302-739-5888  
[www.dsp.delaware.gov](http://www.dsp.delaware.gov)

**Failure to fill out this form completely, correctly, or if information is omitted may result in the application being denied.**

**AGENCY INFORMATION**

(One item per section must be marked. Agency name must be listed. Security Guards not with company must marked Not with Agency.)

Select one that applies: [ ] New Application [ ] Renewal Application [ ] Up-Date Application

Select industry you are applying for: [ ] Security Guard [ ] Private Investigator  
[ ] Armored Car Guard [ ] Alarm Industry Employee [ ] Bail Enforcement Agent [ ] Constable

Select any that apply to this application: FIREARMS: \_\_\_\_\_ UP-GRADE: \_\_\_\_\_ DOWN-GRADE: \_\_\_\_\_

Name of Agency employed by: \_\_\_\_\_

**IDENTIFYING AND CONTACT INFORMATION**

1. Full Name: \_\_\_\_\_  
Last Suffix First Middle

2. Alias, Previous or Maiden Name: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_

4. Date of Birth (month / day / year): \_\_\_\_\_

5. State Born In: \_\_\_\_\_

6. Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

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**OFFICIAL USE ONLY:**

Code \_\_\_\_\_ Time \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED \_\_\_\_\_ DENY: \_\_\_\_\_

WARRANTS: Yes \_\_\_\_\_ No \_\_\_\_\_

SUSP/REJ/REV DATE: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

REINSTATED: \_\_\_\_\_

SBI#: \_\_\_\_\_

FBI#: \_\_\_\_\_

CONSTABLES ONLY: CCDW: \_\_\_\_\_ HR 218: \_\_\_\_\_ CANINE: \_\_\_\_\_ TASER: \_\_\_\_\_

Last Name

First Name

MI

7. **Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_
- 8A. **City/State/Zip** \_\_\_\_\_
- 8B. **County** \_\_\_\_\_
8. **Cell Phone Number:** \_\_\_\_\_
9. **Home Phone Number:** \_\_\_\_\_
10. **E-Mail Address:** \_\_\_\_\_
11. **Driver's License** (state/number) \_\_\_\_\_

**Have you ever been rejected or suspended for an ID card through Professional Licensing or had an ID card revoked?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, explain:**

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

**Have you ever been fingerprinted (do not include employment purposes), arrested, charged with any crime, or committed for a mental disorder?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, explain:**

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

**Have you served in any branch of the United States military?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, what is the status of your discharge:** Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_ Other \_\_\_\_\_

**If other, please list type of discharge** \_\_\_\_\_

**Fingerprints & photographs to be taken at the below listed locations.**

**Picture ID Required.**

**ID Cards will be mailed to applicants upon approval (except Bail Enforcement Agent & Constables).**

- SBI/Professional Licensing, Blue Hen Corporate Center, Dover  
Monday thru Friday, 8:30am – 3:30pm
- SBI/Professional Licensing, DSP Troop 2, Route 40, Newark, DE  
Mon., Wed., Thurs., and Fri., 8:30am – 3:15pm – Closed for lunch 12:00pm to 12:30pm  
Tuesday, 11:30am – 6:15pm – Closed for lunch 4:00pm to 4:30pm  
*BY APPOINTMENT ONLY – 302-739-2528*
- Applicants with pending charges or unknown dispositions on their criminal history will be required to provide the necessary documentation for approval within thirty (30) days of application or the application will be voided.
- Applicants with military service may be required to show documentation proving their discharge status.
- ***NON-REFUNDABLE PROCESSING FEE*** Cash, certified check, VISA, Master Card, Discover, company check or money order. **Personal checks will not be accepted.**
- ID card is the property of the Delaware State Police. Failure to return could result in Civil Penalties of up to \$200 per day.

**AUTHORIZATION TO RELEASE INFORMATION TO CONTRIBUTOR**

As an applicant, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you have concerning me, including criminal history record information and other information of a confidential or privilege nature to my employer. I authorize the Division of Mental Health or any institution to release my mental health history to the Delaware State Police. I hereby release you, your organization, the State of Delaware and others from any liability or damage, which may result from furnishing this information. I have read a copy of the Delaware Code and the promulgated Rules & Regulations as it pertains to the position I am applying for. I realize that any violation of the Law and/or Rules & Regulations could lead to my immediate suspension and/or revocation. I hereby certify that the statements given in this application are true and correct.

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**Signature**

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**Date**