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

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

PHONE: 302-672-5304
FAX: 302-739-5888
www.dsp.delaware.gov

(24 DE CA 1203) ☐ **Alarm Industry**

☐ **Owner** ☐ **Partner** ☐ **President** ☐ **Vice-President** ☐ **Secretary** ☐ **Treasurer**

☐ **Other**_____

(24 DE CA 1311) ☐ **Private Security** ☐ **Private Investigator** ☐ **Armored Car**

☐ **License Holder** ☐ **Delaware Manager**

☐ **Owner** ☐ **Partner** ☐ **President** ☐ **Vice-President** ☐ **Secretary** ☐ **Treasurer**

☐ **Other**_____

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**: _____

Continued to page 2

Last Name First Name First Name MI

OFFICIAL USE ONLY:

Code_____**Time**_____

DATE:_____ APPROVED_____DENY:_____

WARRANTS: Yes_____No_____ SUSP/REJ/REV DATE:_____

PROCESSED BY:_____ REINSTATED:_____

SBI#:_____ FBI#:_____

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 _____

_____

- 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.

_____ _____

Signature **Date**