



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: 302-672-5305
FAX: 302-739-5888
www.dsp.delaware.gov

Class A Private Investigative Agency – Have at least 5 years investigative experience or must have been a police officer for any local, state or federal agency or the equivalent thereof who has graduated from a certified law enforcement academy.

Class B Private Security Agency – Have at least 4 years of experience as a manager in a bonafide licensed security agency or must have at least 5 years investigative experience or must have been a police officer for any local, state or federal agency or the equivalent thereof who has graduated from a certified law enforcement academy.

Class C Private Investigative & Private Security Agency – Must meet the same qualifications as Class A Private Investigative Agency.

Class D Armored Car Agency – Must have at least four (4) years of experience as a manager in a bonafide armored car agency and must have been issued a license by the Banking Commissioner pursuant 5 **Del. C. Ch. 32 §3203**.

License Holder – Must be an owner/partner/corporate officer of the agency requesting licensure.

Delaware Manager – Cannot be employed by more than one agency at the same time. Out-of-state agencies ONLY.

New Application

Renewal Application

NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

HOME E-MAIL ADDRESS: _____

LIST NAME OF AGENCY EMPLOYED BY FOR THE PAST FIVE YEARS.

ARE YOU CURRENTLY LICENSED IN ANY OTHER STATE AS THE LICENSE HOLDER/MANAGER OF A PRIVATE INVESTIGATIVE AGENCY, PRIVATE SECURITY AGENCY OR ARMORED CAR AGENCY?

YES _____ NO _____

IF YES, LIST STATE AND DATE LICENSED.

HAVE YOU EVER BEEN DENIED A PRIVATE INVESTIGATIVE AGENCY, PRIVATE SECURITY AGENCY, OR ARMORED CAR AGENCY LICENSE IN ANY JURISDICTION OR EVER HAD A LICENSE SUSPENDED, REJECTED, REVOKED OR TERMINATED?

YES _____ NO _____

IF YES, GIVE FULL DETAILS AS TO LOCATION AND REASON.

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LLC
 OTHER _____

IF SOLE PROPRIETORSHIP:

OWNERS NAME: _____

IF PARTNERSHIP, LIST EACH PARTNER:

PARTNER: _____

PARTNER: _____

PARTNER: _____

IF A CORPORATION OR LLC, LIST THE OFFICERS FOR THE FOLLOWING POSITIONS:

PRESIDENT: _____

VICE PRESIDENT: _____

SECRETARY: _____

TREASURER: _____

OTHER POSITION: _____

IN THE EVENT OF ANY CHANGE IN OWNER, PARTNERS, CORPORATE OFFICERS, LICENSE HOLDER, BUSINESS ADDRESS, PHONE NUMBER, E-MAIL ADDRESS, YOU MUST NOTIFY THE PROFESSIONAL LICENSING SECTION, IN WRITING, IMMEDIATELY.

BUSINESS NAME: _____

BUSINESS MAILING AND STREET ADDRESS OF HOME OFFICE (OUT-OF-STATE):

BUSINESS TELEPHONE NUMBER: _____

BUSINESS FAX NUMBER: _____

BUSINESS E-MAIL ADDRESS: _____

LIST THE NAME, PHONE NUMBER AND E-MAIL ADDRESS OF A CONTACT PERSON, WITHIN THE BUSINESS THAT CAN BE REACHED AT THE ABOVE ADDRESS, AUTHORIZED TO HANDLE ROUTINE CORRESPONDENCE WITH THIS OFFICE.

NAME: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

ONLY DELAWARE INFORMATION SHOULD BE LISTED ON THIS PAGE

BUSINESS NAME: _____

DELAWARE BUSINESS MAILING AND STREET ADDRESS:

DELAWARE AREA CODE (302) BUSINESS TELEPHONE NUMBER: _____ 302-

DELAWARE BUSINESS FAX NUMBER: _____ 302-

DELAWARE BUSINESS E-MAIL ADDRESS: _____

LIST THE NAME, PHONE NUMBER AND E-MAIL ADDRESS OF A CONTACT PERSON, WITHIN YOUR BUSINESS THAT CAN BE REACHED AT THE ABOVE ADDRESS, AUTHORIZED TO HANDLE ROUTINE CORRESPONDENCE WITH THIS OFFICE.

NAME: _____

DELAWARE PHONE NUMBER: _____ 302-

DELAWARE E-MAIL ADDRESS: _____

IN THE EVENT OF ANY CHANGE IN THE DELAWARE MANAGER, BUSINESS ADDRESS, PHONE NUMBER OR E-MAIL ADDRESS, YOU MUST NOTIFY THE PROFESSIONAL LICENSING SECTION, IN WRITING, IMMEDIATELY.

AFFIDAVIT

I, _____, AS A LICENSE HOLDER/DELAWARE MANAGER FOR A PRIVATE INVESTIGATIVE AGENCY, PRIVATE SECURITY AGENCY, OR ARMORED CAR AGENCY LICENSE HOLDER OR DELAWARE MANAGER, CERTIFY THAT I HAVE READ AND AM FAMILIAR WITH 24 DEL. C. CH. 13, THE PRIVATE INVESTIGATORS AND PRIVATE SECURITY AGENCIES LAW. I HEREBY APPLY FOR A PRIVATE INVESTIGATIVE, PRIVATE SECURITY AGENCY, OR ARMORED CARD AGENCY BUSINESS LICENSE WITH THE UNDERSTANDING AND CONDITION THAT I WILL BE HELD IN STRICT COMPLIANCE WITH THE PRIVATE INVESTIGATOR AND PRIVATE SECURITY AGENCIES LAW AND WITH ALL RULES & REGULATIONS PROMULGATED BY THE GOVERNING BOARD OF EXAMINERS. I ALSO CERTIFY THAT, AS THE PRIVATE INVESTIGATIVE, PRIVATE SECURITY AGENCY, OR ARMORED CAR AGENCY LICENSE HOLDER OR DELAWARE MANAGER, I WILL BE HELD ACCOUNTABLE TO THE BOARD OF EXAMINERS FOR THE ACTION AND GOOD CONDUCT OF EACH EMPLOYEE. I FURTHER CERTIFY THAT I AM A RESIDENT OF THE STATE OF _____ AND THAT ALL RECORDS PERTAINING TO BUSINESS CONDUCTED IN DELAWARE WILL BE MAINTAINED IN THE DELAWARE OFFICE.

I HEREBY CERTIFY THAT THE STATEMENTS GIVEN IN THIS APPLICATION ARE TRUE AND CORRECT.

DATE _____ SIGNATURE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC

EXPIRATION DATE

DATE PRESENTED TO BOARD OF EXAMINERS _____

APPLICATION EXPIRES ON _____