



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: 302-672-5337  
FAX: 302-739-1204  
[www.dsp.delaware.gov](http://www.dsp.delaware.gov)

**SECURITY SYSTEMS AND PROTECTIVE SERVICES AGENCY**

**New Licensure**

**Renewal**

BUSINESS NAME: \_\_\_\_\_

DELAWARE OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DELAWARE PHONE # \_\_\_\_\_ DELAWARE FAX#: \_\_\_\_\_

DELAWARE BUSINESS EMAIL: \_\_\_\_\_

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

DELAWARE OFFICE CONTACT NAME: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

LIST THE SPECIFIC NATURE OF SECURITY BUSINESS TO BE CONDUCTED:

SELL       SERVICE       REPAIR       INSTALL       MONITOR

LIST THE LENGTH OF TIME YOU HAVE BEEN ENGAGED IN THE SECURITY BUSINESS AND WHERE ENGAGED:

\_\_\_\_\_

HAVE YOU EVER BEEN DENIED A LICENSE OR PERMIT, IN ANY JURISDICTION, TO ENGAGE IN THE SECURITY BUSINESS OR EVER HAD ANY LICENSE OR PERMIT REVOKED OR SUSPENDED?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, GIVE SPECIFIC DETAILS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SOLE PROPRIETORSHIP    PARTNERSHIP    CORPORATION    LLC

OTHER \_\_\_\_\_

**IF SOLE PROPRIETORSHIP:**

OWNER'S 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 MEMBERSHIP OF THE FIRM, OFFICERS, DIRECTORS, OR BUSINESS ADDRESS OF ANY LOCATION, YOU MUST NOTIFY THE SUPERINTENDENT OF THE DELAWARE STATE POLICE WITHIN TEN (10) WORKING DAYS. FAILURE TO GIVE SUCH NOTIFICATION SHALL BE SUFFICIENT CAUSE FOR REVOCATION OF YOUR LICENSE.**

**OUT OF STATE INFORMATION**

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

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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, AND IS AUTHORIZED TO HANDLE ROUTINE CORRESPONDENCE WITH THIS OFFICE.

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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

AFFIDAVIT

AS AN OWNER/PARTNER/CORPORATE OFFICER OF A SECURITY SYSTEMS & PROTECTIVE SERVICES AGENCY, I CERTIFY THAT I HAVE READ AND AM FAMILIAR WITH 24 **DEL. C. CH. 12**, THE SECURITY SYSTEMS AND PROTECTIVE SERVICES LAW. I HEREBY APPLY FOR A SECURITY SYSTEMS AND PROTECTIVE SERVICES BUSINESS LICENSE WITH THE UNDERSTANDING AND CONDITION THAT I WILL BE HELD IN STRICT COMPLIANCE WITH THE SECURITY SYSTEMS AND PROTECTIVE SERVICES LAW. I ALSO CERTIFY THAT I WILL BE HELD ACCOUNTABLE TO THE SUPERINTENDENT FOR THE ACTION AND GOOD CONDUCT OF EACH EMPLOYEE. I FURTHER CERTIFY THAT I AM A RESIDENT OF THE STATE OF \_\_\_\_\_.

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

DATE \_\_\_\_\_ NAME \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
EXPIRATION DATE

APPLICATION EXPIRATION DATE: \_\_\_\_\_