



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: 302-739-5991
FAX: 302-739-5888
www.dsp.delaware.gov

LICENSE HOLDER APPLICATION

Agency: _____ License #: _____

Full Name: _____
Last Suffix First M.I

Alias, Previous or Maiden Name: _____

Social Security Number: _____

Date of Birth: _____

State Born In: _____

Mailing Address: _____

City/State/Zip/County: _____

Home Phone Number: _____

Cell Phone Number: _____

E-Mail Address: _____

Driver's License (state/number): _____

Gender: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Last
First
MI

**CONTINUE TO NEXT PAGE
FOR QUESTIONS & SIGNATURE**

OFFICIAL USE ONLY:

DATE: _____ APPROVED: _____ DENY: _____
WARRANTS: Yes _____ No _____ ACTION: _____
PROCESSED BY: _____ FOLLOW-UP: _____
SBI#: _____ REINSTATED: _____
FBI#: _____ G4: _____ PFA: _____
EXPIRATION DATE: _____

Have you ever had an ID card rejected, suspended or revoked through DSP Professional Licensing?

Yes _____ No _____ Explain: _____

Be advised that by submitting this application you will be subject to a local, state, and federal criminal history background check. If there is anything you wish to disclose or explain, please use the below space.

Have you served in any branch of the United States Military? Yes _____ No _____

If yes, what is the status of your discharge? _____

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

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