



BLUE HEN CORPORATE CENTER
655 S. 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: 302-739-5888
www.dsp.delaware.gov

SECURITY SYSTEMS AND PROTECTIVE SERVICES AGENCY

☐ **New Licensure**

☐ **Renewal**

BUSINESS NAME: _____

OFFICE & MAILING ADDRESS: _____

BUSINESS PHONE # _____ BUSINESS FAX#: _____

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, AND WHO WILL RESPOND WITHIN 48 HOURS.

COMPLIANCE AGENT: _____

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.

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:_____

Security Systems and Protective Services Employee Roster

[illegible]