



Have you ever had an ID card denied, 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**