



600 SOUTH BAY ROAD, SUITE 1  
DOVER, DE 19901

STATE OF DELAWARE  
DEPARTMENT OF SAFETY AND HOMELAND SECURITY  
DIVISION OF STATE POLICE

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[www.dsp.delaware.gov](http://www.dsp.delaware.gov)

**CONSTABLE ENTITY INFORMATION FORM**

DATE: \_\_\_\_\_

NAME OF ENTITY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**MAIN CONTACT PERSON** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

AUTHORIZED CONTACT PERSON (#1) \_\_\_\_\_

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

PHONE # \_\_\_\_\_

AUTHORIZED CONTACT PERSON (#2) \_\_\_\_\_

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

PHONE # \_\_\_\_\_

AUTHORIZED CONTACT PERSON (#3) \_\_\_\_\_

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

PHONE # \_\_\_\_\_

**FOR PROFESSIONAL LICENSING USE ONLY**

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ENTITY # \_\_\_\_\_ APPROVAL/EXPIRATION DATE: \_\_\_\_\_