



600 S. BAY ROAD, SUITE 1
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

- Private Investigative Agency (Class A)
- Private Security Agency (Class B)
- Private Investigative & Private Security Agency (Class C)
- Armored Car Agency (Class D)
- New Application
- Renewal Application

Name of Agency:

License Holder: _____

Has this agency ever been denied a Private Investigative, Private Security, or Armored Car Agency license in any jurisdiction or ever had a license denied, suspended, revoked or terminated?

YES _____ NO _____

IF YES, give full details as to the State and reason:

Sole Proprietorship Partnership Corporation LLC
 Other _____

Sole Proprietorship:

Owners Name: _____

Partnership:

Partner: _____

Partner: _____

Partner: _____

Corporation or LLC :

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Other: _____

In the event of any change in the membership of the firm, or in the officers or directors of any association or corporation, or any change in the address of any office or location of such business, the Director shall be notified in writing of such change within 14 days thereafter. Failure to give such notification shall be sufficient cause for suspension or revocation of the license.

Agency Home Office Mailing Address:

Contact Person: _____

Telephone: _____

Email: _____

Additional Contact/Email/Telephone: _____

Agencies are required to have a compliance agent that can provide records to the professional licensing section within 48 hours of a request. More information can be found in Title 24, Chapter 13. PRIVATE INVESTIGATORS AND PRIVATE SECURITY AGENCIES.

Compliance Agent: _____

Compliance Agent Address: _____

Telephone: _____

Email: _____

Additional Contact/Email: _____

AFFIDAVIT

I, _____, apply as the License Holder for a Private Investigative, Private Security, or Armored Car Agency, certify that I have read and am familiar with 24 DEL. C. CH. 13, and the promulgated Rules & Regulations and will be held in strict compliance with these. I also certify that I will be held accountable to the Board of Examiners for the action and good conduct of each employee of this agency.

I hereby certify that the statements given in this application are true and correct.

DATE _____ SIGNATURE _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

Expires On

Date presented to the Board of Examiners: _____

Agency expiration date: _____