



EXP: \_\_\_/\_\_\_/\_\_\_

600 SOUTH 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](http://www.dsp.delaware.gov)

*Please check ALL boxes that apply:*

- New Application
- Security Guard
- Alarm Industry Employee
- Renewal Application
- Private Investigator
- Bail Enforcement Agent
- Firearms / Upgrade
- Armored Car Guard
- Constable

Employer: \_\_\_\_\_  
(Alarm and Private Investigators must list an employer. BEA's are not with any agency.)

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: \_\_\_\_\_

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

Last Name

First

MI

**OFFICIAL USE ONLY:**

DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ AddA# LINE: \_\_\_\_\_

WARRANTS: Yes \_\_\_\_\_ No \_\_\_\_\_ G4: \_\_\_\_\_

SBI#: \_\_\_\_\_ PFA: \_\_\_\_\_

FBI#: \_\_\_\_\_ T#: \_\_\_\_\_

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

**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.

- Applicants with pending charges or unknown dispositions on their criminal history will be required to provide the necessary documentation for approval within thirty (30) days of application or it will be voided without a refund.
- **NON-REFUNDABLE PROCESSING FEE** – Cash, certified or company check, Visa, Master Card, Discover or Money Order accepted. No Personal Checks or American Express.

#### **\*SECURITY GUARD – YOU MUST SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:**

1. Security Guard TRAINING Certificate – provided by Instructor or Training Facility
2. Security Guard TEST Certificate – provided by Delaware Technical Community College only

#### **Please check the box indicating how you would prefer to obtain your License (Dover office only)**

DOVER only - I will pick up my License at the DOVER office in person. I will be notified when it is ready, normally within 3-5 business days. Pick-up only available at DOVER office.

DOVER only – I agree to have my license picked up by my company and have advised them of the same. Company pick-up is only available at the DOVER office.

I will have my License mailed to the address on this application and understand delivery is dependent upon the US Postal Service.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**