

**POLICE – PRO
TO CHANGE//
EMAIL TO
ELICENSINGM**

DSP_SBIDETECTIVELICENSINGMAIL@DELAWARE.GOV

DATE: _____

APPLICANT NAME _____
(LAST) (FIRST) (MI)

ADDRESS: _____

_____ / _____ / _____

(CITY) (STATE) (ZIP)

EMAIL ADDRESS: _____

PHONE # _____

DATE OF BIRTH_____

EMPLOYER(S): _____

*[] FIREARM GUARD *[] ARMORED CAR GUARD *[] BEA *[] CONSTABLE

CURRENT WEAPON INFORMATION: MAKE_____

MODEL_____

CALIBER_____

CHANGING TO:_____ADDING:_____

WEAPON INFORMATION: MAKE _____

MODEL_____

CALIBER_____

REASON FOR CHANGE/ADDITION REQUEST:_____

_____ I (*applicant*) have reviewed the Rules & Regs regarding changing my weapon for my armed
(Initial) status in the above industry(s).*

PROFESSIONAL LICENSING:_____APPROVAL_____DENIAL_____

COMMENTS: