



PROFESSIONAL LICENSING
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
email - dsp-prolicense@delaware.gov
www.dsp.delaware.gov

License Holder Application: _____NEW _____RENEWAL

Agency: _____ License # _____

If Agency is not yet licensed in Delaware – leave License # blank

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: _____

OFFICIAL USE ONLY:

DATE: _____

WARRANTS: Yes _____ No _____

PROCESSED BY: _____

SBI#: _____

FBI#: _____

APPROVED: _____ DENY: _____

ACTION: _____

FOLLOW-UP: _____

REINSTATED: _____

G4: _____ PFA: _____

EXPIRATION DATE: _____

Have you ever had an ID card rejected, suspended or revoked through Delaware 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? _____

Do you hold or have you ever held a Professional License or been a License Holder for any of the following in another state? (Private Investigator/Private Security/Armored Car) ____ Yes ____ No

License Type	Issuing State	Expiration Date	License #

Applicants holding a Private Investigative / Private Security or Armored Car License of any type in another state must obtain a **Verification of Licensure** from the issuing state for each type of license. The Verification form must be prepared and signed by a verifying agency representative. Applicants are encouraged to obtain this in a timely manner to avoid Application processing delays. Verification forms can be sent to the Applicant and are included in this packet or forwarded to Professional Licensing directly – dsp-prolicense@delaware.gov Page #6 of this Application is the Verification of Licensure form which will be sent to the verifying agency.

Applicant must **schedule a fingerprint/Photo ID appointment with *IdentoGO*** – using the link below, then present themselves in-person at the appointment location selected. Once fingerprints are obtained *IdentoGO* will then forward all relevant background information to Delaware State Police/Professional Licensing for review.

The License Holder Application Fee is paid directly through *IdentoGO* at the time of application. The Application Fee within the state of Delaware is \$105. Application Fees for applicants using an *IdentoGO* location outside of Delaware will vary.

<https://uenroll.identogo.com/>

- Use Service Code **27S48X**

What is your IdentoGO Appointment Date? _____ / _____ / _____

What is your IdentoGO Appointment Location? _____

List All Investigative Employment/Manager Experience/Police/Law Enforcement Experience (Past or Present) below – In addition **your application must contain a LETTER on agency/company letterhead from each Supervisor or person authorized person.** For further details, please review the License Instructions associated with the License Class.

Class A & C: 5 years Investigative Experience | **Class B:** 4 years Manager/Security Agency or 5 years Investigative Experience

Class D: 4 years Manager/Armored Car Agency | All can use 5 years of Law Enforcement Experience – if applicable

Employing Agency 1		
Address		
Start Date(s) & End Dates of Employment		
Position / Title / Last Rank Held		
Supervisor Name / Title / Email		
Reason for Termination of Employment		
Current Person who will provide Letter		
Explain duties while employees (Resume is not sufficient) – You may also attach any training certifications or other relevant documents		

Employing Agency 2		
Address		
Start Date(s) & End Dates of Employment		
Position / Title / Last Rank Held		
Supervisor Name / Title / Email		
Reason for Termination of Employment		
Current Person who will provide Letter		
Explain duties while employees (Resume is not sufficient) – You may also attach any training certifications or other relevant documents		

Employing Agency 3		
Address		
Start Date(s) & End Dates of Employment		
Position / Title / Last Rank Held		
Supervisor Name / Title / Email		
Reason for Termination of Employment		
Current Person who will provide Letter		
Explain duties while employes (Resume is not sufficient) – You may also attach any training certifications or other relevant documents		

Employing Agency 4		
Address		
Start Date(s) & End Dates of Employment		
Position / Title / Last Rank Held		
Supervisor Name / Title / Email		
Reason for Termination of Employment		
Current Person who will provide Letter		
Explain duties while employes (Resume is not sufficient) – You may also attach any training certifications or other relevant documents		

Class D Applicant ONLY – Delaware Banking Commission License # _____

Please enclose a copy of the License with Application

Applicants using **Police/Law Enforcement Experience** must complete Page #5 – outlining **Graduation from a Certified Law Enforcement Academy**. Additional documentation outline below is also required to be submitted.

Training Facility Name	
Dates of Training (Start/End)	
Date of Graduation/ Certification	
Type of Document submitted for verification	
Name All Agencies you were employed with based on this Graduation/Certification	

Training Facility Name	
Dates of Training (Start/End)	
Date of Graduation/ Certification	
Type of Document submitted for verification	
Name All Agencies you were employed with based on this Graduation/Certification	

Certified Law Enforcement Academy will include a certified training facility where law enforcement officer employed by the government are trained. Verification for this requirement can be done using any of the following formats:

1. Certified Transcript from the Academy/Training Facility
2. Certificate of Completion from Academy/Training Facility
3. Document attesting to Certification as a Law Enforcement Officer from an Accreditation overseer – for example, COPT or POST in Delaware or other states.

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



STATE OF DELAWARE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY
DIVISION OF STATE POLICE
PROFESSIONAL LICENSING
dsp-prolicense@delaware.gov

VERIFICATION OF LICENSURE

- Applicant – please complete the top section of this form and send it to each state agency in which you are now or have ever been licensed to practice.
- This form may be copied as many times as necessary for different licenses.

To the State of: _____

I am applying to be licensed as License Holder for a Class ____ Agency in the state of Delaware.
The Delaware State Police Professional Licensing Section requires this form to be completed by each state wherein I hold or ever have held a professional license. This is your authority to release any information in your files/records, favorable or otherwise. Thank you in advance.

Name of Applicant Licensed: _____

Signature

Date Submitted

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE. It may be returned directly to the Applicant or sent directly to Delaware State Police Professional Licensing Unit. This page is part of an application pack-Page #6
dsp-prolicense@delaware.gov

State providing Verification : _____

Full Name of Licensee: _____

License #: _____ Issue Date: _____ Expire Date: _____

License Valid? : _____ YES _____ NO

If NO, please explain: _____

Has the Licensee ever been suspended, revoked, place on probation or disciplined? _____ Yes _____ No

If Yes, please explain: _____

Comments: _____

Name of State Official: _____ Title: _____

Signature

Date