



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
dsp-plapplicant@delaware.gov

☐ **New Application – Alarm Corporate Officer** ☐ **Renewal Application- Alarm Corporate Officer**

☐ Owner ☐ Partner ☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer

☐ Other: _____ Agency: _____

Fingerprint/Photo Appointment Date with IdentoGO: ____/____/____ (see Pg 2)

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



OFFICIAL USE ONLY:

Date: _____	Approved _____ Denied _____
WARRANTS: _____ Yes _____ No	AddA# Line: _____
PROCESSED BY: _____	G4: _____
SBI#: _____	PFA: _____
FBI#: _____	_____

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? _____

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. Failure to fill out this application correctly or if any information is omitted, may result in the application being denied.

Industry Applicant Name	Date	Signature

(Electronic Signatures accepted)

Email this form to - dsp-plapplicant@delaware.gov

Subject Line - PI Application-First Name Last Name

Identification Cards/Licenses will be mailed to the address on this application and understand delivery is dependent upon the US Postal Service.

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**