



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:**

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

**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](mailto: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**