

PROFESSIONAL LICENSING 600 SOUTH BAY ROAD, SUITE 1 DOVER, DE 19901

STATE OF DELAWARE DEPARTMENT OF SAFETY AND HOMELAND SECURITY DIVISION OF STATE POLICE

dsp_plapplicant@delaware.gov

PHONE: 302-739-5991

[] New Application	– Alarm Industi	<mark>ry Employee</mark>	[] Renewa	<mark>l Applicati</mark>	on- Alarm Industry F	<mark>Employee</mark>	
Alarm Industry Employe	ees in Delaware mus	t be employed by a	n SSPSA/Aları	m Agency Lic	censed in Delaware.		
Agency Name		se employed by a		ar rageme, zar			
Agency License #							
Contact Person							
Contact Person #							
Fingerprint/Photo A	ppointment Date	with IdentiGO	:/_	/	Consult directions for Idea	ntoGO on Page #2	
Full Name:		2.22					
	Last	Suffix		First	M.I		
Alias, Previous or	r Maiden Name:						
Social Security N	umber:						
Date of Birth:							
State Born In:							
Mailing Address:	:						
City/State/Zip/Co	ounty:						
Home Phone Nur	mber:						
Cell Phone Numb	oer:						
E-Mail Address:							
Driver's License	(state/number):						
Gender: R	Race: Hei	ght: W	eight:	Eyes:	Hair:		
OFFICIAL USE ON	T V•	CONT	NUE TO N	EXT PAGI			
Date:				Approved Denied			
WARRANTS:	Yes	AddA# Line:					
PROCESSED BY:			G4:				

PFA:

SBI#:

FBI#:

Have you ever had an ID card de YesNoExplain:	· -	l or revoked through DSP Professional Licensing?
·		you will be subject to a local, state, and federal crimina ou wish to disclose or explain, please use the below space.
Have you served in any branch of	f the United Sta	tes Military? YesNo
If yes, what is the status of your d	lischarge?	
AUTHORIZATI	ON TO RELEAS	SE INFORMATION TO CONTRIBUTOR
release of any and all information that you have privilege nature to my employer. I authorize the Police. I hereby release you, your organization information. I have read a copy of the Delawathat any violation of the Law and/or Rules & I	we concerning me, income Division of Mental n, the State of Delaw re Code and the promote Regulations could lead	ermining my moral, physical and mental qualifications. In this connection, I authorized luding criminal history record information and other information of a confidential of I Health or any institution to release my mental health history to the Delaware State are and others from any liability or damage, which may result from furnishing this sulgated Rules & Regulations as it pertains to the position I am applying for. I realized to my immediate suspension and/or revocation. I hereby certify that the statements application correctly or if any information is omitted, may result in the application
Industry Applicant Name	Date	Signature
		(Electronic Signatures accepted)
Agency Contact Person Name	Date	Signature
		(Electronic Signatures accepted)
		dsp_plapplicant@delaware.gov
Subject 1	Line - PI Ap _l	plication-First Name Last Name

Individuals 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.

https://uenroll.identogo.com/

Use Service Code 27RVS1