

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

re you currently employed by a Delaware Yes, - Name Agency:				Yes	No
ngerprint/Photo Appointment Date with I	dentiGO	/		_ Consult directions	for IdentoGO on Page
Full Name:	C. Ff.		First	M.I	
Alias, Previous or Maiden Name:				IVI.1	
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:	W	eight:	Eyes:	Hair:	
	CONTI	NUE TO N	EXT PAGE		→
FFICIAL USE ONLY:					
Date:		Approved _		Denied	
WARRANTS:YesNo		AddA# Line	:		
PROCESSED BY:		G4:			
SBI#:		PFA:			

Have you	ever had an ID card denied, suspended or revoked t	hrough DSP Pr	rofessional Licens	ing?
Yes	_NoExplain:			
	ed that by submitting this application you will be ackground check. If there is anything you wish to dis	· ·		
Have you	served in any branch of the United States Military?	Yes	No	
If yes, wh	nat is the status of your discharge?			_
	AUTHORIZATION TO RELEASE INFORMA	TION TO CON	FRIBUTOR	
release of any privilege nate Police. I here information. that any viole	ant, I am required to furnish information for use in determining my moral, y and all information that you have concerning me, including criminal his ure to my employer. I authorize the Division of Mental Health or any inseby release you, your organization, the State of Delaware and others from I have read a copy of the Delaware Code and the promulgated Rules & Ration of the Law and/or Rules & Regulations could lead to my immediate application are true and correct. Failure to fill out this application correct.	story record informat stitution to release m m any liability or da egulations as it perta suspension and/or r	ion and other information y mental health history to mage, which may result ins to the position I am a evocation. I hereby certi-	n of a confidential or to the Delaware State from furnishing this applying for. I realize fy that the statements
		_		
	Applicant Signature (electronic signature accepted)	Da	te	
	Email this form to - dsp_plappli	cant@delaw	are.gov	
	Subject Line - ACG Application-F	irst Name L	ast 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 **27RVTG**