



600 S. BAY ROAD, SUITE 1
DOVER, DE 19901

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

PHONE: 302-738-5991
dsp-prolicense@delaware.gov
www.dsp.delaware.gov

SECURITY SYSTEMS AND PROTECTIVE SERVICES AGENCY (ALARM BUSINESS)

NEW Licensure 2 Year RENEWAL - Agency License # _____

BUSINESS NAME: _____

OFFICE & MAILING ADDRESS: _____

BUSINESS PHONE # _____

BUSINESS EMAIL: _____

LIST THE NAME, PHONE NUMBER AND E-MAIL ADDRESS OF A CONTACT PERSON, WITHIN THE BUSINESS WHO IS AUTHORIZED TO MANAGE ROUTINE CORRESPONDENCE WITH THIS OFFICE, AND WHO WILL RESPOND WITHIN 48 HOURS.

COMPLIANCE AGENT: _____

PHONE NUMBER _____ EMAIL _____

LIST THE SPECIFIC NATURE OF SECURITY ALARM BUSINESS TO BE CONDUCTED:

SELL SERVICE REPAIR INSTALL MONITOR

LIST THE LENGTH OF TIME YOU HAVE BEEN ENGAGED IN THE SECURITY BUSINESS AND WHERE ENGAGED (NEW Agency only)

HAVE YOU EVER BEEN DENIED A LICENSE OR PERMIT, IN ANY JURISDICTION, TO ENGAGE IN THIS TYPE OF BUSINESS OR EVER HAD ANY LICENSE OR PERMIT REVOKED OR SUSPENDED?

YES _____ NO _____ IF YES, GIVE SPECIFIC DETAILS:

TYPE OF AGENCY:

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LLC
 OTHER _____

IF SOLE PROPRIETORSHIP:

OWNER'S NAME: _____

IF PARTNERSHIP, LIST EACH PARTNER:

PARTNER: _____

PARTNER: _____

PARTNER: _____

IF A CORPORATION OR LLC, LIST THE OFFICERS FOR THE FOLLOWING POSITIONS:

PRESIDENT: _____

VICE-PRESIDENT: _____

SECRETARY: _____

TREASURER: _____

OTHER POSITION: _____

IN THE EVENT OF ANY CHANGE IN MEMBERSHIP OF THE FIRM, OFFICERS, DIRECTORS, OR BUSINESS ADDRESS OF ANY LOCATION, YOU MUST NOTIFY THE SUPERINTENDENT OF THE DELAWARE STATE POLICE WITHIN TEN (10) WORKING DAYS. FAILURE TO GIVE SUCH NOTIFICATION SHALL BE SUFFICIENT CAUSE FOR REVOCATION OF YOUR LICENSE.

AFFIDAVIT

AS AN OWNER/PARTNER/CORPORATE OFFICER OF A SECURITY SYSTEMS & PROTECTIVE SERVICES AGENCY, I CERTIFY THAT I HAVE READ AND AM FAMILIAR WITH 24 **DEL. C.** CH. 12, THE SECURITY SYSTEMS AND PROTECTIVE SERVICES LAW. I HEREBY APPLY FOR A SECURITY SYSTEMS AND PROTECTIVE SERVICES BUSINESS LICENSE WITH THE UNDERSTANDING AND CONDITION THAT I WILL BE HELD IN STRICT COMPLIANCE WITH THE SECURITY SYSTEMS AND PROTECTIVE SERVICES LAW. I ALSO CERTIFY THAT I WILL BE HELD ACCOUNTABLE TO THE SUPERINTENDENT FOR THE ACTION AND GOOD CONDUCT OF EACH EMPLOYEE. I FURTHER CERTIFY THAT I AM A RESIDENT OF THE STATE OF _____.

I HEREBY CERTIFY THAT THE STATEMENTS GIVEN IN THIS APPLICATION ARE TRUE AND CORRECT.

DATE _____ NAME _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____

NOTARY PUBLIC

EXPIRATION DATE

APPLICATION EXPIRATION DATE: _____

Delaware Security Systems and Protective Services (SSPSA) Employee Roster

Include only current Alarm Agency Employees licensed in Delaware

Last Name	First Name	Date of Birth

SSPSA (Alarm Agency) Fee Payment

NEW Licensure - \$25.00

2 Year RENEWAL - \$10.00 - Agency License# _____

Fee Payment Option #1

– Company or Certified Check or Money Order (enclosed) – No personal checks accepted

* Must be made payable to *Delaware State Police*

Fee Payment Option #2

- Credit or Debit Card – VISA / MasterCard / Discover

Authorized Name on Card:	
Type of Card:	
Card #	
Card Expiration Date:	

By my signature below I acknowledge being the authorized user of the card and understand the Delaware State Police will charge the \$25 New or \$10 Renewal fee.

Printed Name	Signature	Date Signed

Updated 10/2024