



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-prolicense@delaware.gov
dsp_plapplicant@delaware.gov

[] **New Application – Alarm Industry Employee** [] **Renewal Application- Alarm Industry Employee**

Alarm Industry Employees in Delaware must be employed by an SSPSA/Alarm Agency Licensed in Delaware.

Agency Name	
Agency License #	
Contact Person	
Contact Person #	

Fingerprint/Photo Appointment Date with IdentiGO: ____/____/____ Consult directions for IdentoGO on Page #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#:	

	Please answer the following questions NO or YES. If YES, explain below Question #9 with full details	NO	YES
1.	Have you ever had a license denied, suspended, or revoked by the Delaware State Police?		
2.	Have you ever had a professional license denied, suspended, or revoked in any other state?		
3.	Have you ever been terminated from a licensed Agency in any state?		
4.	Have you ever been convicted of a Federal, State or Local crime(s)?		
5.	Have you ever served in any branch of the United States Military? If YES, provide details below		
Military Branch:		Type of Discharge:	

6.	Have you ever been convicted in this State or elsewhere of a felony or a crime of violence involving physical injury to another, whether or not armed with or having in your possession any weapon during the commission of such felony or crime of violence?		
7.	Have you ever been committed for a mental disorder to any hospital, mental institution, or sanitarium or been adjudicated as a mental defective?		
8.	Have you ever been convicted for the unlawful use, possession, or sale of a narcotic, dangerous drug or central nervous system depressant or stimulant?		
9.	If you have not reached your 25 th birthday, have you ever been, as a juvenile, adjudicated delinquent for conduct which, if committed by an adult, would constitute a felony?		

Explain any question you answered YES. Include dates, agency names, type(s) of crimes, etc. – use additional paper if necessary

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)

Agency Contact Person Name	Date	Signature

(Electronic Signatures accepted)

EMAIL this form to - dsp_plapplicant@delaware.gov

Subject Line - PI Application-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**