



PROFESSIONAL LICENSING
600 S. BAY ROAD
DOVER, DE 19901

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

PHONE: 302-739-5991
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www.dsp.delaware.gov

State of Delaware – Title 24, Chapter 13 – Professions and Occupations – Agency License Application

	NEW	Private Investigative Agency	(Class A)
	NEW	Private Security Agency	(Class B)
	NEW	Private Investigative Agency & Private Security Agency	(Class C)
	NEW	Armored Car Agency	(Class D)
	RENEWAL	Private Investigative Agency	(Class A)
	RENEWAL	Private Security Agency	(Class B)
	RENEWAL	Private Investigative Agency & Private Security Agency	(Class C)
	RENEWAL	Armored Car Agency	(Class D)
Agency License # (renewal only)			

01	Legal Name of Agency (include DBA if necessary):		
02	License Holder or proposed License Holder full legal Name: (License Holder must complete a separate application)		
03	Has this agency and/or License Holder and/or the proposed License Holder ever been denied a Private Investigative, Private Security, or Armored Car Agency license in any jurisdiction or ever had a license denied, suspended, revoked or terminated?		
No	<input type="checkbox"/>	Yes	<input type="checkbox"/> If yes, explain below provide full details including State(s) and dates:
04	Does this agency have a State of Delaware Business License?		
Yes	<input type="checkbox"/>	No	<input type="checkbox"/> If No, explain below

05	What is the Legal Entity Designation of this Agency?
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☐ Sole Proprietorship
 ☐ Partnership
 ☐ Corporation
 ☐ LLC
☐ Other _____

Sole Proprietorship: (provide full legal name of Agency Owner)

Owner Legal NAME: _____

Partnership: (provide the full legal name of each)

Partner Legal Name:	
Partner Legal Name:	
Partner Legal Name:	

Corporation - (any type) or LLC, provide the full legal name for all Officers (President, Vice President, Secretary, Treasurer, Other):

Title		Legal Name	
Title		Legal Name	
Title		Legal Name	
Title		Legal Name	
Title		Legal Name	

In the event of any change in the membership of the firm, or in the officers or directors of any association or corporation, or any change in the address of any office or location of such business, the Director shall be notified in writing of such change within 14 days thereafter. Failure to give such notification shall be sufficient cause for suspension or revocation of the license.

Agency mailing address:

City/Town		State		Zip Code	

Agency Office Manager:	
Phone #:	
Email address:	

Agency Compliance Agent - In the event there is no office within Delaware, the following shall be reported and maintain all records including personnel for all agency business within Delaware and make them available to the Delaware State Police Professional Licensing Section upon demand within 48 hours.

Agency Compliance Officer:	
Phone #:	
Email address:	

Office Address (Compliance Agent)

City/Town		State		Zip Code	

In the event of any change in the membership of the firm, or in the officers or directors of any association or corporation, or any change in the address of any office or location of such business, the Director shall be notified in writing of such change within 14 days thereafter. Failure to give such notification shall be sufficient cause for suspension or revocation of the license.

Rule 10.0 Uniforms, Patches, Badges, Seals, Vehicular Markings (A-D Agencies)

No person licensed under 24 Del.C. Ch. 13 shall wear or display any uniform, patch, badge, seal, vehicle and the markings, letterhead, business card, advertisement, or other form of publication unless first approved by the Board of Examiners.

Please identify all items below which will be utilized by licensed Guards or Investigators AND attach a PDF or JPEG of each item. Items not available for display to the Board of Examiners may not be utilized until approved.

Uniform Patch	Badge	Letterhead	Business Card	Advertisement, etc.

Agency Vehicles:

Will the Agency utilize vehicles? (Yes or No)	
Will Vehicles be marked?	
Will Entity Vehicles have Auxiliary lights?	
What color Auxiliary lights? (amber and/or white only)	

Rule 3.0 Baton, Inflammatory Agent Sprays, Chemical Sprays and Handcuffs (Class B, C & D Agencies)

The Board only approves security guards and armored car guards registered in 24 Del.C. Ch. 13 to carry law enforcement style batons, inflammatory agent sprays, chemical sprays and handcuffs. The carrying of these weapons/items is only authorized after the security guard/armored car guard completes the appropriate training program with a certified instructor as required by the manufacture of the weapon/item. It shall be the security guard/armored car guard's responsibility to maintain certification and requalification with the weapon/item consistent with manufacturer standards.

Please identify all items below which the agency currently utilizes or anticipates being utilized by licensed Guards with a Class B, C or D Agency only.

Baton/Asp	Inflammatory Agent Spray	Handcuff Restraints

Rule 5.0 – Use of Animals (Class B or C Agency only)

Please identify is the Class B or C Agency intends to request Board approval to utilize canine(s) as specifically defined in Rule 5.0 of 24 Del.C.13).

	NO		Yes – specifically explain below

****PROFSSIONAL LICENSE USE ONLY**** - Applicant do not enter

Presented to BOE	License Expiration Date	License #

AFFIDAVIT

I, _____, apply as the License Holder for a Private Investigative, Private Security, or Armored Car Agency, certify that I have read and am familiar with 24 **Del. C.** Ch. 13, and the promulgated Rules & Regulations and will be held in strict compliance with these. I also certify that I will be held accountable to the Board of Examiners for the action and good conduct of each employee of this agency. I further certify that I am a resident of the state of _____ and that all records pertaining to business conducted in Delaware will be maintained either in the Delaware Office or by the Compliance Agent.

I hereby certify that the statements given in this application are true and correct.

DATE _____ SIGNATURE _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

Expires On

Fee Payment – Delaware Class A-D Agency

Fee Payment Option #1

_____ Enclose a company check, certified check, or money order made payable to
Delaware State Police

Fee Payment Option #2

_____ Credit Card - VISA, MasterCard, Discover or Debit Card with Visa or MasterCard logo

Authorized Name 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 this card in the amount outlined below:

Total Amount Enclosed:	
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Printed Name	Signature	Date Signed