



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

## DELAWARE COMMISSIONED CONSTABLE APPLICATION

|  |  |                           |
|--|--|---------------------------|
|  | <b>New Applicant – Prior Sworn Law Enforcement</b>                     | complete full Application |
|  | <b>New Applicant – No Prior Sworn Law Enforcement / Attend Academy</b> | Page #1, #2 & #4          |
|  | <b>Constable Commission RENEWAL</b>                                    | Page #1 & #2 only         |
|  | <b>Constable – 2nd Entity Commission</b>                               | Page #1, #2 & #4          |

Constable Entity Employer: \_\_\_\_\_

Fingerprint/Photo Appointment Date with IdentiGO: \_\_\_\_/\_\_\_\_/\_\_\_\_ - New Applicant only

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: \_\_\_\_\_

Primary 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 | G4: _____                   |
| PROCESSED BY: _____        | PFA: _____                  |
| SBI#: _____                | IdentoGo Tracking # _____   |
| FBI#: _____                | (left blank intentionally)  |

Have you ever had an ID card denied, suspended, or revoked through DSP Professional Licensing?

| <b>Please answer the following questions NO or YES. If YES, explain below Question #9 with full details</b> |   | 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: |     |

**If prior US Military -attach a copy of your DD214**

|    |   |  |  |
|----|---|--|--|
| 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 <sup>th</sup> 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.

\_\_\_\_\_ I am submitting my application to be a Commissioned Constable and requesting a Constable Academy Waiver based on being a Prior Law Enforcement Officer. I understand it is my responsibility to attest to this fact on Page #3 and to obtain and provide the outlined documents to Professional Licensing. I further understand my potential Constable employer must complete an "Intent to Hire" Letter using the exact template outlined on Page #4 of this application. I must also submit a "experience" letter from my prior Law Enforcement Agency. Template on page 5 may be used by the agency.

\_\_\_\_\_ I am submitting my application to be a Commissioned Constable/ Non-Prior Law Enforcement. I further understand my potential Constable employer must complete an "Intent to Hire" Letter using the exact template outlined on Page #4 of this application.

\_\_\_\_\_ I am submitting my application to be a Commissioned Constable for a 2<sup>nd</sup> Entity. I further understand my potential Constable employer must complete an "Intent to Hire" Letter using the exact template outlined on Page #4 of this application.

\_\_\_\_\_ I am submitting my application for Renewal of an expiring Constable Commission.

\_\_\_\_\_  
Applicant Signature (electronic signature accepted)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Individuals applying for a Constable Commission for the first time (NEW) 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 27RVRJ

This page is for NEW Constable – Prior Law Enforcement only – Renewal & Second Entity applicant can disregard this page

*Applicants using **Police/Law Enforcement Experience** must complete Page #3 – outlining **Graduation/Completion from a Certified Law Enforcement Academy/Training Facility and Employment as a sworn Law Enforcement Officer**. Additional documentation outlined below is also required to be submitted.*

|   |                 |   |
|---|-----------------|---|
| <b>Law Enforcement Training Facility/Academy Name #1:</b> |                 | Location (City/Town & State):               |
|   |                 |   |
| Train Date Start:   | Train Date End: | Did you Graduate/Successfully complete? Y/N |
|   |                 |   |
| <b>Law Enforcement Training Facility/Academy Name #2:</b> |                 | Location (City/Town & State):               |
|   |                 |   |
| Train Date Start:   | Train Date End: | Did you Graduate/Successfully complete? Y/N |
|   |                 |   |

*-Please attach Verification of Graduation(s)/Completion(s) to this Application*

|  |             |                             |
|--|-------------|-----------------------------|
| Name All Law Enforcement Agencies you were employed as a sworn Law Enforcement Officer based off the above training: |             |                             |
| <b>Law Enforcement Agency #1</b>   | Start Date: | Separation/Retirement Date: |
|  |             |                             |
| Indicate the reason(s) for separating. If you retired, indicate – retirement:  |             |                             |
|  |             |                             |
| <b>Law Enforcement Agency #2</b>   | Start Date: | Separation/Retirement Date: |
|  |             |                             |
| Indicate the reason(s) for separating. If you retired, indicate – retirement:  |             |                             |
|  |             |                             |

*-Please attach \*Verification document from this Law Enforcement Agency to this Application*

Training Facility \*Verification can be shown with any of the following:

1. Certified Transcript from the Academy/Training Facility
2. Certificate of Completion from Academy/Training Facility
3. Document attesting to Certification as a sworn Law Enforcement Officer from an Accreditation overseer – for example, POST/COPT

Law Enforcement Agency \*Verification can be shown with the following:

1. Document from Law Enforcement agency where & when employed as a sworn officer (start & end dates required)
2. Letter from Law Enforcement Agency outlining your status as a sworn officer – See Page 5 for a template.

*Retired Delaware State Troopers can be confirmed through Professional Licensing*

*Intent to Hire Template – use exact wording.*  
**PRINT ON**  
**SCHOOL DISTRICT/ENTITY LETTERHEAD**

*Date*

Constable Board of Examiners  
via Delaware State Police Professional Licensing  
600 South Bay Road, Suite 1  
Dover, DE 19901

To Whom it may concern:

This letter is to notify you that the *John Doe School District* intends to hire *Mr. James Sample* as a constable pending the Constable Board of Examiners approval.

If commissioned, *Mr./Ms. James Sample* will be an employee of John Doe School District and will work within the lawful duties of his or her employment to protect life and property and preserve peace and good order. In addition, exercise the same powers as peace officers and law-enforcement officers, in order to protect life and property, while in the performance of the lawful duties of employment of *John Doe School District*.

Please feel free to contact me with any questions you may have at [johndoe@district.com](mailto: johndoe@district.com) or 302-555-5555.

Sincerely,

**\*\*Live Signature**

Name  
Title

***This is a sample document, exact wording or similar documents can vary however start & end dates of applicant must be included within the document.***

Date

Delaware State Police & Delaware Constable Board of Examiners  
600 South Bay Road, Suite 1  
Dover, DE 19901

To Whom It May Concern:

Per, (Applicant's Name) request, the (Law Enforcement Agency Name) is confirming he/she was a sworn law enforcement officer / police officer with our agency from (start date) to his/her (end date/retirement date).

If you have any questions or need further assistance do not hesitate to contact me at (agency phone #).

Sincerely,

**\*\*Live Signature**

Name  
Title