



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

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DELAWARE COMMISSIONED CONSTABLE – ENTITY / EMPLOYER CONTACT UPDATE

Date submitted		Person submitting name		Person submitting Title	
Entity Name					
City/Town		State		Zip Code	
Primary Contact Name			Primary Contact Title		
Email address			Phone #		
Authorized Contact #1 Name			Contact Title		
Email address			Phone #		
Authorized Contact #2 Name			Contact Title		
Email address			Phone #		

Email form to: dsp-prolicense@delaware.gov & celina.allton@delaware.gov

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ENTITY # _____ APPROVAL/EXPIRATION DATE: _____