

PROFESSIONAL LICENSING 600 SOUTH BAY ROAD, SUITE 1 DOVER, DE 19901

**WARRANTS:** 

SBI#:

FBI#:

PROCESSED BY:

## 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	– Private In	vestigator	[ ] Renewal Application-Private Investigator				
Private Investigators in I	Delaware must	oe employed by a	Class A or C Priva	te Investigative	Agency Licensed in Del	aware.	
Agency Name							
Agency License #							
<b>Contact Person</b>							
Contact Person #							
Fingerprint/Photo A	ppointment l	Date with Iden	tiGO:/_		Consult directions for Ide	entoGO on Page #2	
Full Name:							
	Last	Sur	ffix	First	M.I		
Alias, Previous or	r Maiden Nai	me:					
Social Security N	umber:						
Date of Birth:							
State Born In:							
Mailing Address:							
City/State/Zip/County:							
Home Phone Nun	nber:	_					
Cell Phone Numb	er:	_					
E-Mail Address:		_					
Driver's License	(state/number	):					
Gender: R	lace:	Height:	Weight:	Eyes:	Hair:		
		C	ONTINUE TO 1	NEXT PAGE			
OFFICIAL USE ON	LY:						
Date:			Approved		Denied		

AddA# Line:

**G4:** 

**PFA:** 

No

Yes \_\_\_

Please answer the following questions NO or YES. If YES, explain below Question #9 with full details				
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:				
. 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				
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?				
2. 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?				
plain any question you answered YES. Include dates, agency names, type(s) of crimes, etc. – use additional paper if necess	ary			

## 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.

PI Applicant Name	Date	Signature		
	(Electronic Signatures accepted)			
PI 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 27RVQ3