

<i>Please answer the following questions NO or YES. If YES, explain below Question #9 with full details</i>		NO	YES
1.	Have you ever had a Security Guard license denied, suspended, or revoked by the Delaware State Police?		
2.	Have you ever had a Security Guard license denied, suspended, or revoked in any other state?		
3.	Have you ever been terminated from a licensed Security 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 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.**

Applicant Signature (electronic signature accepted)

_____/_____/_____
Date

Please check the box indicating how you would prefer to obtain your License (Dover office only)

	DOVER only - I agree to pick up my License at the DOVER office in person. I will be notified one time when it is ready and understand the ID must be retrieved within ten (10) business days or it will be placed in the mail. Pick-up only available at DOVER office during regular business hours, excluding holidays.
	DOVER only – I agree to have my license picked up by my Agency and I have advised them of the same. Company pick-up is only available at the DOVER office. This applies to specific agencies approved for this practice by Professional Licensing.
	I agree to have my License mailed to the address on this application and understand delivery is dependent upon the United States Postal Service. Professional Licensing is not responsible for items released through the postal service.

EMAIL this form to - dsp_plapplicant@delaware.gov

Email Subject Line should read - **SG 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 **27RVNN**