



State of New Hampshire

DEPARTMENT OF SAFETY

DIVISION OF STATE POLICE



PLEASE NOTE: Pursuant to RSA 106-F:8 and Saf-C 2204.01(b) all applications for renewal shall be submitted at least 15 days before the expiration of the previously granted license. Any renewal application submitted after the 15 days will be returned and an original application will need to be completed in its entirety.

Applications may be obtained online at <http://www.nh.gov/safety/nhsp/ssp/permitslicensing/pluda.html>.

RENEWAL APPLICATION FOR: (Check appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> Security Guard (Individual) Fee \$150.00 | <input type="checkbox"/> Security Guard (Employee) Fee \$5.00 |
| <input type="checkbox"/> Private Investigator (Individual) Fee \$150.00 | <input type="checkbox"/> Private Investigator (Employee) Fee \$5.00 |
| <input type="checkbox"/> Bail Bondsman (Individual) Fee \$150.00 | <input type="checkbox"/> Bail Bondsman (Employee) Fee \$5.00 |

ABOVE LICENSE RENEWALS: Add a \$25.00 criminal record check fee pursuant to RSA 106-F:8,III and Saf-C 2205.02, and a \$10.00 background investigative fee pursuant to RSA 106-F:8,III and Saf-C 2205.03.

Armed Status: Add \$26.50 for fingerprinting. Fingerprinting scheduled by appointment only at (603) 223-3873.

1. Name of applicant _____ Date of Birth _____
 First Middle Initial Last Social Security # _____
2. Present residence _____ Phone number _____
 City _____ State _____ Zip Code _____
3. Mailing Address _____
4. Name of employer(s) _____
5. Address of employer _____ Phone number _____
 City _____ State _____ Zip Code _____
6. Date previous license expires _____ License Number _____
7. Have you ever been convicted of a felony or misdemeanor that has not been pardoned or annulled by a court in this state or nation? Yes No
8. Have you ever been convicted of a crime associated with theft, honesty, fraud, use or sale of controlled substances or misdemeanor crimes of violence, domestic violence or abuse of any type that has not been pardoned or annulled by a court in this state or nation? Yes No
9. Are you currently the subject of an active domestic violence Protective Order in New Hampshire or any other jurisdiction in the Unites States, its possessions or territories? Yes No
10. Physical characteristics Height _____ Weight _____ Color of Hair _____ Color Eyes _____
11. Driver's License Number _____ State _____ Place of birth _____

I certify that I have read the following application and affirm that every statement contained herein is true and correctly set forth and I also certify that I am familiar with all state laws, regulations and local ordinances relating to the license for which I am applying, for the locations in which I intend to conduct operations.

SIGNATURE OF APPLICANT _____ Date _____
 (False statements punishable under N.H. RSA 641:3)

EMAIL ADDRESS _____

By providing an email address, you are acknowledging that the Permits and Licensing Unit may handle your application in whole or part via electronic mail.

MAKE CHECK PAYABLE TO THE STATE OF N. H. - TREASURER