State of New Hampshire
DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE

RENEWAL APPLICATION FOR AGENCY LICENSE

PLEASE CHECK ALL THAT APPLY:

☐ Security Guard Agency ☐ Private Investigator Agency ☐ Bail Bondsman Agency

Please add the following fees for <u>EACH AGENCY RENEWAL</u>:

$500.00 per license.

$25.00 for Criminal Record check Pursuant to RSA 106-F:8,III and Saf-C 2205.02.

$10.00 for Background Investigation pursuant to RSA 106-F:8,III and Saf-C 2205.03

Date: _____

1. Name of Agency: _____
2. Address of Agency: _____
   Street City State Zip Code

   Telephone: _____
3. Local Branch Address: _____
   Street City State Zip Code
4. Mailing Address(if different) _____
   Street City State Zip Code

   Telephone: _____ Manager: _____
5. Names and addresses of all organization officials and their official titles:

_____

_____

_____

6. Date previous license issued: _____ Number: _____
7. Name of person making application: _____ Date of Birth: _____
8. Present residence: _____
9. Have you ever been convicted of a felony or misdemeanor that has not been annulled by the court? (except traffic violations). YES ☐ NO ☐
10. 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 ☐
11. Are you currently the subject of an active Protective Order? YES ☐ NO ☐

NOTE: If YES to questions #8, 9 or 10 you are required to give details below. (Continue on back if needed)

_____

_____

12. Physical characteristics: Height _____ Weight _____ Color Hair _____ Color Eyes _____

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: _____ _____

(False statements punishable under N.H. RSA 641:13) Social Security Number

Application must be submitted with; (1) 2-year bond as required by RSA 106:F:9; (2) Correct fee for each agency license; and (3) Application completed in full and legible.

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 CHECKS PAYABLE TO: STATE OF N.H. - TREASURER