



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE

APPLICATION for:
PRIVATE DETECTIVE EMPLOYEE
or
SECURITY GUARD EMPLOYEE
(Check Correct Box)

PART 1: FOR ALL LICENSE APPLICANTS

- A) Answer all required questions. Failure to do so will delay the processing of your application.
- B) False answers will result in a denial of a license.
- C) Type or print all information.
- D) Fee of \$5.00 plus a \$25.00 criminal record check fee pursuant to RSA 106-F:8III and Saf-C 2205.02 and a \$10.00 background investigative fee pursuant to RSA 106-F:8III and Saf – C 2205.03.

1) Name of Agency you are going to be employed by:

2) Address of Agency:

3) Name of Applicant: First Middle Initial Last
Please print

4) Maiden Name:

5) Present Address: Street City State Zip Code

6) Date of Birth 7) Age 8) Place of Birth 9) Soc. Sec. No. 10) Sex 11) Height

12) Weight 13) Hair 14) Eyes 15) Scars, marks, tattoos

16) Driver's License Number and State 17) Citizenship: (If naturalized, Location and Date)
 U.S. Other: List Court, City, State and Year

18) Previous Employment (company name and address)

19) List three (3) persons, unrelated to you, of whom an inquiry can be made as to your character, integrity, reputation. Give the full name and legal address as these persons will be sent questionnaires. Failure to respond to the questionnaires will hold up this application for a license.

1. Full Name	Address (street, city , state, zip-code)
2. Full Name	Address (street, city, state, zip-code)
3. Full Name	Address (street, city, state, zip-code)

20) List any special schools or courses taken to qualify you for the type of license sought. (optional)

21) Have you had any experience for the type of license sought?

22) Have you ever applied for a Detective or Security license in N.H. before? If yes, give date of application.

23) Have you ever been arrested for or convicted of a crime that has not been annulled by a court? (Except traffic violations)	YES _____ NO _____	If YES, explain fully in block 28.
24) Have you ever been treated for mental illness or an emotional disorder or confined to an institution?	YES _____ NO _____	If YES, explain fully in block 28.
25) Are you or have you ever been a user of drugs or narcotics? (Except under the direction of a doctor)	YES _____ NO _____	If YES, explain fully in block 28.
26) Has any license (detective or guard) applied for or issued to you or a partnership or corporation which you were a member ever been denied, revoked or suspended in this or any other state or territory?	YES _____ NO _____	If YES, explain fully in block 28.

27) Military service and type of discharge:

28) If "YES" on questions 23 – 26, please explain here:

PART 2 – FOR ARMED LICENSE APPLICANTS ONLY:

If you intend to carry a firearm while employed, complete the following; **(NOTE – a pistol permit does not allow the carrying of a firearm while employed as a security guard or detective).** In addition, an ARMED license must be obtained by completing an approved firearms course given by a certified firearms instructor).

29) Date, location of firearms qualification and name of certified firearms instructor: (An armed license will not be issued until a complete qualification form had been received and approved).

PART 3 – FOR ALL LICENSE APPLICANTS:

Applicant's Name (please print) _____

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 641:3)

EMAIL ADDRESS: _____

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

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