



# State of New Hampshire

## DEPARTMENT OF SAFETY DIVISION OF STATE POLICE



### APPLICATION FOR: (check appropriate box)

Security Guard Agency     Private Investigator Agency     Bail Bondsman Agency

#### PLEASE REVIEW BEFORE SUBMITTING APPLICATION:

The following documentation must be submitted at the same time. Parts A, B and C must be in the same agency name or documentation will be returned.

- A) Completed application.
- B) A two-year, \$50,000.00 surety bond on approved form, dated to run concurrent with the license.
- C) If the agency is an out-of-state applicant, incorporated under the laws of any other state, must supply proof of registration in N.H. as a foreign corporation. (NH RSA 293-A)
- D) Fee of \$500.00 (if applying for more than one type of agency, there is a \$500.00 fee for each), 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.
- E) Applicants for a private investigator and/or a bail bondsman agency license must submit complete and verifiable documentation that the minimum standards for application, required by RSA 106-F:6, Part VII, have been met.

1) Name of Agency		Has this name been registered with the secretary of State? Yes <input type="checkbox"/> NO <input type="checkbox"/>	
2) Address of Agency		2a) Agency Telephone Number	
3) Address (Local Branch, if any)		3a) Mailing Address if different	
4) Name, Date of Birth and Address of principal organization officials, and their titles:			

#### INFORMATION REQUIRED OF PERSON SIGNING APPLICATION:

5) Name				
6) Residence Legal Address (street, city, state, zip)			6a) Mailing Address (if different)	
7) Place of Birth			8) Social Security Number	
9) Date of Birth	10) Weight	11) Height	12) Hair Color	13) Eye Color

13) 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? (Except traffic violations)	YES NO	<input type="checkbox"/> <input type="checkbox"/>	If YES, explain in block # 19
14) Have you ever been convicted of a crime associated with theft, fraud, honesty, 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	<input type="checkbox"/> <input type="checkbox"/>	If YES, explain in block # 19
15) Have you ever been treated for mental illness or an emotional disorder or confined to an institution.	YES NO	<input type="checkbox"/> <input type="checkbox"/>	If YES, explain in block # 19
16) Are you or have you ever been a user of drugs or narcotics? (Except under the direction of a doctor)	YES NO	<input type="checkbox"/> <input type="checkbox"/>	If YES, explain in block #19
17) Has any license (Private Investigator, Security Guard or Bail Bondsman) applied for or issued to you or a partnership or corporation of which you were a member ever been denied, revoked or suspended in this or any other state?	YES NO	<input type="checkbox"/> <input type="checkbox"/>	If YES, explain in block #19
18) Are you currently the subject of an active domestic violence Protective Order in New Hampshire or any other jurisdiction in the United States, it's possessions or territories?	YES NO	<input type="checkbox"/> <input type="checkbox"/>	If YES, explain in block #19
19) <b>NOTE: If more space is needed, continue on a separate sheet of paper.</b>			

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

1. Name:	2. Name:	3. Name:
_____	_____	_____
Mailing Address:	Mailing Address:	Mailing Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ALL LICENSE APPLICANTS**

Applicant's Name \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Personally appeared \_\_\_\_\_ of \_\_\_\_\_  
signer of the foregoing application and made an oath to truth of the matters contained therein before me.

State of New Hampshire

\_\_\_\_\_ ss

\_\_\_\_\_  
Notary Public / Justice of the Peace

Date of Oath \_\_\_\_\_

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**