



State of New Hampshire

DEPARTMENT OF SAFETY DIVISION OF STATE POLICE



Individual or Employee Renewal Application for Private Investigator, Security Guard, or Bail Recovery Agent License

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) |
| <input type="checkbox"/> Private Investigator (Individual) | Fee \$150.00 | <input type="checkbox"/> Private Investigator (Employee) |
| <input type="checkbox"/> Bail Recovery Agent (Individual) | Fee \$150.00 | <input type="checkbox"/> Bail Recovery Agent (Employee) |

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

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 arrested for a crime that has not yet been adjudicated or convicted of a felony or misdemeanor that has not been pardoned or annulled by a court in this or any other state or nation? Yes No

8. Have you ever been convicted of a felony or misdemeanor in this or any other state or nation that has not been pardoned or annulled? Yes No

9. Are you currently the subject of an active domestic violence Protective Order in New Hampshire or any other jurisdiction in the United 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, rules 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 in part via electronic mail.

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