



State of New Hampshire

DEPARTMENT OF SAFETY

DIVISION OF STATE POLICE



Agency Application for Renewal of Private Investigative, Security Guard or Bail Recovery License

PLEASE CHECK ALL THAT APPLY:

Security Guard Agency

Private Investigator Agency

Bail Recovery Agency

Please add the following fees for EACH AGENCY RENEWAL

\$350.00 per license

\$ 25.00 for Criminal Record check pursuant to RSA 106-F:7 II and Saf-C 2205.02.

\$ 10.00 for Background Investigation pursuant to RSA 106-F:7 II 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: _____

Names and addresses of all partners, officers and major stockholders and their official titles:

5. Date previous license issued: _____ Number: _____

6. Name of person making application: _____ Date of Birth: _____

7. Present residence: _____

8. Have you ever been arrested for a crime in this or any other state or nation that has not been adjudicated, or convicted of a crime that has not been annulled by the court? (except traffic violations). YES NO

9. Have you ever been convicted of a felony or misdemeanor associated with fraud, deceit, misrepresentation or a felony of any type, or a misdemeanor associated with theft, dishonesty, physical assault, violation of a protective order, abuse of any type or use or sale of illegal drugs in New Hampshire, or any other jurisdiction in the United States, its possessions or territories? YES NO

10. 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

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

11. 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)

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