

## 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 TH	AT APPLY:					
☐ Security Guard Agency	y Private Inv	estigator Agency	☐ Bail Recovery Age	ency		
Please add the following	fees for EACH AGE	NCY RENEWAL:				
\$500.00 per license.						
\$25.00 for Criminal Record	d check Pursuant to R	SA 106-F:8,III and	Saf-C 2205.02.			
\$10.00 for Background Inv	estigation pursuant to	RSA 106-F:8,III ar	nd Saf-C 2205.03			
1. Name of Agency:				Date:		
2. Address of Agency:						
	Street		City		State	Zip Code
Telephone:						
3. Local Branch Address:						
4. Mailing Address(if differ	Street		City		State	Zip Code
4. Mailing Address(il diller	Street		City		State	Zip Code
Telephone:		N	Manager:			р
5. Names and addresses	of all partners, officer			titles:		
	·	<u> </u>				
6. Date previous license is	eerioq.		Number:			
<ol> <li>Name of person making</li> </ol>	·			Date of Birt	h:	
8. Present residence:	g application.			Date of Birt	'''	
<ol> <li>Have you ever been ar</li> </ol>	rested for a crime in t	his or any other sta	to or nation that has not	t been adjudica	atod or	convicted
of a crime that has not				i been adjudica	YES	□ NO □
	neanor associated with	h theft, dishonesty,	ociated with fraud, deceing physical assault violation or the purisdiction in the same of the purisdiction in the puri	on of a protective	ve orde	r, abuse of
11. Are you currently the si in the United States, it's			tective Order in New Ha	ampshire or an	y other YES	jurisdiction NO
NOTE: If YES to question	ns #8, 9 or 10 you are	e required to give	details below. (Contin	ue on back if	needed	I)
12. Physical characteristic	s: Height	Weight _	Color Hair	Colo	r Eyes	
I certify that I have read the correctly set forth and I also to the license for which I are	o certify that I am fam	niliar with all state la	ws, regulations and loca	al ordinances r		
Signature of Applicant:						
	(False statements	s punishable under	N.H. RSA 641:13)			
Application must be sub- license; and (3) Applicati		-	d by RSA 106:F:9; (2)	Correct fee fo	r each	agency
EMAIL ADDRESS:						
By providing an email addr	ess, you are acknowl	edging that the Per	mits and Licensing Unit	may handle yo	our app	lication in

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

whole or part via electronic mail.