



State of New Hampshire

DEPARTMENT OF SAFETY

DIVISION OF STATE POLICE



Agency Application for Private Investigator, Security Guard, or Bail Recovery Agency License

APPLICATION FOR: (check appropriate box)

- Security Guard Agency
 Private Investigator Agency
 Bail Recovery 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: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.
- E) Applicants for a private investigator and/or a bail recovery agency license must submit complete and verifiable documentation that the minimum standards for application, required by RSA 106-F:6,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 all partners, officers and major stockholders, and their titles:				

INFORMATION REQUIRED OF PERSON SIGNING APPLICATION:

5) Name of person with primary responsibility for managing and conducting the business in this State.				
6) Residence Legal Address (street, city, state, zip)		6a) Mailing Address (if different)		
7) Place of Birth				
8) Date of Birth	9) Weight	10) Height	11) Hair Color	12) Eye Color

13) Have you ever been arrested for a crime that has not yet been adjudicated, or convicted of a crime that has not been pardoned or annulled by a court in this or any other state or nation? (Except traffic violations)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, explain in block # 19
14) Have you ever been convicted of any felony, or misdemeanor 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 or any other state or nation?	YES <input type="checkbox"/> NO <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 <input type="checkbox"/> NO <input type="checkbox"/>	If YES, explain in block # 19 and provide statement from health care practitioner as required in Saf-C 2203.06
16) Are you or have you ever been a user of drugs or narcotics? (Except under the direction of a health care practitioner)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, explain in block #19
17) Has any license (Private Investigator, Security Guard or Bail Recovery Agent) applied for or issued to you or a partnership or corporation of which you were an officer ever been denied, revoked or suspended in this or any other state, Canadian province or nation?	YES <input type="checkbox"/> NO <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 <input type="checkbox"/> NO <input type="checkbox"/>	If YES, explain in block #19

19) **NOTE: If more space is needed, continue on a separate sheet of paper.**

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 _____
(False Statements punishable under NH RSA 641:3)

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.

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 _____ Date of Oath: _____
Social Sec. #: _____
Notary Public / Justice of the Peace

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