



**State of New Hampshire**  
 DEPARTMENT OF SAFETY  
 DIVISION OF STATE POLICE  
 33 HAZEN DRIVE, CONCORD, NH 03305



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

**APPLICATION FOR: (check appropriate box)**

- Private Investigator Individual       Security Guard Individual       Bail Recovery Individual

**PLEASE REVIEW BEFORE SUBMITTING APPLICATION:**

The following documentation must be submitted at the same time, or application will not be accepted.

- A) Completed application
- B) A two-year, \$50,000.00 surety bond on approved form, dated to run concurrent with the license, in the individual's name.
- C) Fee of \$150.00 (If applying for more than one type of individual, \$150.00 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.
- D) Applicants for a private investigator or bail recovery agent individual license must submit complete and verifiable documentation that the minimum standards for application, required by RSA 106-F:6, VII, have been met.
- E) Armed Status: Add \$26.50 for fingerprinting. Fingerprinting scheduled by appointment only at (603) 223-3873.

1) Name:					
1a) Doing Business As:					
2) Present Home Address (street, town/city, state, zip code):				3) Home Telephone No.:	
2a) Home Mailing Address if different (street, town/city, state, zip code):					
4) Business Address (If different than Home Address):				5) Business Tel. No.:	
4a) Business Mailing Address if different (street, town/city, state, zip code):					
6) Date of Birth	6a) Place of Birth	7) Height	8) Weight	9) Hair	10) Eyes
11) Have you ever been arrested for a crime that has not yet been adjudicated, or ever been convicted of a crime that has not been pardoned or annulled by a court in this or any other state or nation? <span style="float: right;"><input type="checkbox"/> YES If YES, explain in block #18 <input type="checkbox"/> NO</span>					
12) Have you ever been treated for mental illness or an emotional disorder or confined to an institution? <span style="float: right;"><input type="checkbox"/> YES If YES, explain in block #18 and provide statement from health care practitioner as required in Saf-C 2203.06 <input type="checkbox"/> NO</span>					
13) Have you ever been convicted of a felony, or a misdemeanor crime associated with theft, honesty, fraud, 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? (Except traffic violations) <span style="float: right;"><input type="checkbox"/> YES If YES, explain in block #18 <input type="checkbox"/> NO</span>					

14) Are you or have you ever been a user of drugs or narcotics? (Except under the direction of a health care practitioner)	<input type="checkbox"/> YES If YES, explain in block #18 <input type="checkbox"/> NO
15) 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?	<input type="checkbox"/> YES If YES, explain in block #18 <input type="checkbox"/> NO
16) Has any license (private investigator, security guard or bail recovery agent) applied for or issued to you, a partnership or a corporation of which you were an officer ever been denied, revoked or suspended in this or any other state, Canadian province or nation?	<input type="checkbox"/> YES If YES, explain in block #18 <input type="checkbox"/> NO
17) Have there been any claims or lawsuits filed against the applicant or company?	<input type="checkbox"/> YES If YES, explain in block #18 <input type="checkbox"/> NO

18) If "YES" on questions 11-17, please explain here: (attach separate sheet if necessary).

19) 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 **complete** mailing address as these persons will be sent questionnaires. Failure to respond to the questionnaires will delay this application for a license.

1. Name:	Mailing Address (if different):
2. Name:	Mailing Address (if different):
3. Name:	Mailing Address (if different):

**ALL LICENSE APPLICANTS**

Applicant's Name (please print) \_\_\_\_\_

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 intent to conduct operations.

Signature of Applicant: \_\_\_\_\_  
(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 part via electronic mail.

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