



# 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:**

\$500.00 per license.

\$25.00 for Criminal Record check Pursuant to RSA 106-F:8,III and Saf-C 2205.02.

\$10.00 for Background Investigation pursuant to RSA 106-F:8,III and Saf-C 2205.03

1. Name of Agency: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_

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

6. Date previous license issued: \_\_\_\_\_ Number: \_\_\_\_\_

7. Name of person making application: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

8. Present residence: \_\_\_\_\_

9. 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

10. 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

11. 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  NO

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

12. 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**