



State of New Hampshire

DEPARTMENT OF SAFETY

DIVISION OF STATE POLICE



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

APPLICATION FOR: (check appropriate box)

Private Investigator Employee Security Guard Employee Bail Recovery Employee

PART 1: FOR ALL LICENSE APPLICANTS

- A) Answer all required questions. Failure to do so will delay the processing of your application.**
B) False answers will result in a denial of a license.
 C) Type or print all information.
 D) Fee of \$5.00 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) Armed Status: Add \$26.50 for fingerprinting. Fingerprinting scheduled by appointment only at (603) 223-3873.

1) Name of Agency you are going to be employed by: _____

2) Address of Agency: _____

| | | | | |
|-----------------------|-------|----------------|------|-----------------|
| 3) Name of Applicant: | First | Middle Initial | Last | 4) Maiden Name: |
|-----------------------|-------|----------------|------|-----------------|

| | | | |
|----------------------------|------|-------|----------|
| 5) Present Address: Street | City | State | Zip Code |
|----------------------------|------|-------|----------|

| | | | |
|---------------------------------|------|-------|----------|
| Mailing Address: (if different) | City | State | Zip Code |
|---------------------------------|------|-------|----------|

| | | | | |
|------------------|--------|-------------------|--------|------------|
| 6) Date of Birth | 7) Age | 8) Place of Birth | 9) Sex | 10) Height |
|------------------|--------|-------------------|--------|------------|

| | | | |
|------------|----------|----------|--|
| 11) Weight | 12) Hair | 13) Eyes | 14) List and describe all scars, marks, tattoos and their location or state "NONE" |
|------------|----------|----------|--|

15) Driver's License Number : _____ State: _____

16) United States Citizen? YES NO **If "NO" you must provide the following:**
AR#: _____ **Country of Citizenship:** _____

17) Previous Employment (company name and address) _____

18) 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 questionnaire will delay this application for a license.

| | |
|--------------|--|
| 1. Full Name | Mailing Address (street, city , state, zip code) |
| 2. Full Name | Mailing Address (street, city, state, zip code) |
| 3. Full Name | Mailing Address (street, city, state, zip code) |

19) List any special schools or courses taken to qualify you for the type of license sought. (optional) _____

- 20) Have you had any experience for the type of license sought? YES If YES, explain fully in block 29.
NO
-
- 21) Have you ever applied for a Private Investigator, Security Guard or Bail Recovery license in N.H. before? If yes, give date of application. YES If YES, explain fully in block 29.
NO
-
- 22) 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? YES If YES, explain fully in block 29.
NO
-
- 23) Have you ever been convicted of a 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 state or nation? (Except traffic violations) YES If YES, explain fully in block 29.
NO
-
- 24) Have you ever been treated for mental illness or an emotional disorder or confined to an institution? YES If YES, explain fully in block 29, and provide statement from health care practitioner as required in Saf-C 2203.06
NO
-
- 25) Are you or have you ever been a user of drugs or narcotics? (Except under the direction of a health care practitioner) YES If YES, explain fully in block 29.
NO
-
- 26) Has any license (Private Investigator, Security Guard or Bail Recovery Agent) applied for or issued to you, a partnership or corporation which you were an officer ever been denied, revoked or suspended in this or any other state, Canadian province or nation? YES
NO If YES, explain fully in block 29.
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- 27) 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 If YES, explain fully in block 29.
NO
-
- 28) Military service: YES NO
If YES, branch and type of discharge: _____
-
- 29) If "YES" on questions 20 – 27, please explain here: (attach separate sheet if necessary)

PART 2 – FOR ARMED LICENSE APPLICANTS ONLY:

If you intend to carry a firearm while employed, complete the following; **(NOTE – a pistol permit does not allow the carrying of a firearm while employed as a security guard, investigator or bondsman).** In addition, an ARMED license must be obtained by completing an approved firearms course given by a certified firearms instructor).

30) Date, location of firearms qualification and name of certified firearms instructor: (An armed license will not be issued until a complete qualification form had been received and approved).

Date: _____ Location: _____ Instructor: _____

PART 3 – FOR 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 intend to conduct operations.

Signature of Applicant: _____ Date: _____
(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