

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
 DIVISION OF STATE POLICE
 1111 Country Club Road Middletown, CT 06457-9294

Application for Private Detective or Security Service License

Check Type of License Desired:

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| Individual (including DBA) <input type="checkbox"/> Private Detective <input type="checkbox"/> Private Detective Fire Investigator <input type="checkbox"/> Security Service | Corporate (including LLC & Inc.) <input type="checkbox"/> Private Detective, Inc. <input type="checkbox"/> Private Detective Fire Investigator, Inc. <input type="checkbox"/> Security Service, Inc. |
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Applicant is: Licensee Corporate Official Proprietary Licensee

Personal information:

| | | | | |
|---------------------------|----------------|----------------------------|--------|-----|
| Name of Applicant | | Social Security #: | | |
| Date of Birth | Place of Birth | Height | Weight | Sex |
| Hair Color | Eye Color | Scars/Marks/Tattoos | Race | |
| Firearms Permit No./State | | Driver's License No./State | | |
| Home phone | | Business phone | | |
| Address | | | | |

Prior home addresses for past five years: *(use additional paper if needed)*

From To Street/City/Town/State/Zip

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Employment history – Begin with present or most current and work backwards, Include dates of employment, duties/responsibilities, reason for leaving employment. *(Use additional paper if needed or attach resume)*

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Statement of Citizenship: (attach proof of citizenship)

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| Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | If naturalized, detail when and where: |
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Have you ever used any other name(s)? If so, list name(s) used: *(Use additional paper if needed)*

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Are you currently vested with police powers? Yes No

Education: (Indicate highest degree received (Attach copy of high school diploma/GED certificate or college transcript)

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| Degree/Diploma <input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Masters/Doctorate Degree <input type="checkbox"/> Other _____ | Year Degree Awarded: | Name of College/University |
|---|----------------------|----------------------------|

List any schools or courses, which you believe qualifies you for the type of license applied for:

(The Commissioner of Emergency Services and Public Protection may, at his/her discretion, substitute up to one year of experience upon proof of satisfactory participation in a course of instruction pertinent to the license applied for. Include copies of training certificates. (Attach additional sheets of paper as required).

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Private Investigator Applicants: Does the applicant meet the minimum five years of full time investigative experience or ten years of experience as a police officer with a state or organized municipal police department? Yes No If "No " Explain: *(Submit qualifying documentation)*
(Please reference CGS 29-154a)

Security Applicants: Does the applicant meet the minimum five years supervisory experience under a licensed security agency or ten years as a police officer with a state or organized municipal police department? Yes No If "No " Explain: *(Submit qualifying documentation)*
(Please reference CGS 29-161h)

Criminal and Motor Vehicle Record:

Have you ever been arrested for a criminal offense? Yes No If Yes, explain:

| Date/Place | Jurisdiction/Court | Charge |
|------------|--------------------|--------|
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Have you ever been arrested on a motor vehicle charge? Yes No If Yes, explain:

| Date/Place | Jurisdiction/Court | Charge |
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| Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes" DD-214 or NGB-22 must be attached)</i> | | |
| Military branch or component | Highest Rank Attained | Type of Discharge |
| Business Information: | | |
| Proposed Trade Name* | Address of Home Office | |
| Type Organization <input type="checkbox"/> Individual <input type="checkbox"/> Corporate | Date & Place of Incorporation <i>(attach Certificate of Incorporation or Trade Certificate)</i> | |
| Connecticut Addresses | | Telephone Numbers |
| <hr/> <hr/> <hr/> <hr/> | | <hr/> <hr/> <hr/> <hr/> |
| Branch Manager's Name:& D.O.B. | | |
| <hr/> | | |

* Subject to approval by the Commissioner of Emergency Services and Public Protection.

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| Names, addresses, dates of birth, and proposed titles of all corporate officials: (use additional paper if necessary) |
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| Are you currently licensed as a private investigator/security service in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain: | | | | | | | | | | | | | | | | |
|--|-------------|-----------------|----------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">State</th> <th style="width:20%;">Lic. Number</th> <th style="width:35%;">Type of License</th> <th style="width:30%;">Date License Expires</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | State | Lic. Number | Type of License | Date License Expires | | | | | | | | | | | | |
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You must submit the following items with this application. (Use check boxes to indicate items are attached.
Incomplete packages will be returned)

- Two photographs (2" x 2" passport style)
- Verification from State Agency
- Documentation of employment
- Copy of Motor Vehicle Driver's License
- One fingerprint card - green (state card) with \$75.00 payable to Treasurer, State of Connecticut, and \$12.00 payable to Treasurer, State of Connecticut. Submit fingerprint card with cashier's check or money order.
- Motor vehicle abstract for LICENSEE only, for the past three years. Obtain the abstract from the motor vehicle licensing agency in the state of the licensee's residence for the past three years.
- Also required are four letters of personal reference, LICENSEE ONLY. These letters of reference must be original letters and must be sent directly from the author to the Special Licensing & Firearms Unit. FORM LETTERS ARE NOT ACCEPTABLE AND WILL BE RETURNED.

Corporate Applicants: Submit this application (DPS-366-C) along with:

- One fingerprint card - green (State of Connecticut Applicant) with \$75.00 payable to Treasurer, State of Connecticut and \$13.25 payable to the Treasurer, State of Connecticut. Submit fingerprint card with cashier's check or money order.
- Two photographs (approximately 2" x 2" passport style)

Proprietary Applicants:

- Submit only the DPS-366-C – **NO FEES OR ADDITIONAL DOCUMENTATION REQUIRED.**

Applications must be complete.

Authorization for Release of Personal Information

All of the information on this application must be verifiable or it will not be considered for licensing. False, misleading or omitted information may be the basis for denial of a license. "Any person who violates any provision shall be fined not more than \$5,000.00 or imprisoned for not more than one year or both."

STATE OF _____ (Signature of Applicant)

SS _____
Date of Oath

COUNTY OF: _____ PERSONALLY APPEARED: _____

ADDRESS: _____

Signer of the foregoing application and made oath of truth of matters contained before me.

My Commission Expires: _____ Notary Public, Justice of Peace or Commissioner of Superior Court