

**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:**

<b>Individual (including DBA)</b> <input type="checkbox"/> Private Detective <input type="checkbox"/> Private Detective Fire Investigator <input type="checkbox"/> Security Service	<b>Corporate (including LLC &amp; Inc.)</b> <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

**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)*


**Statement of Citizenship: (attach proof of citizenship)**

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)*

<b>Are you currently vested with police powers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Education:</b> (Indicate highest degree received (Attach copy of high school diploma/GED certificate or college transcript))		
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
<b>List any schools or courses, which you believe qualifies you for the type of license applied for:</b> <i>(The Commissioner of Emergency Service and Public Protection may, at his 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).)</i>		
<b>Private Investigator Applicants: Does the applicant meet the minimum five years of <u>full time</u> investigative experience or ten years of experience as a police officer with a state or organized municipal police department?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "No " Explain:</b> <i>(Submit qualifying documentation)</i> <i>(Please reference CGS 29-154a)</i>		
<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "No " Explain:</b> <i>(Submit qualifying documentation)</i> <i>(Please reference CGS 29-161h)</i>		
<b>Criminal and Motor Vehicle Record:</b> <b>Have you ever been arrested for a criminal offense?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, explain:</b>		
Date/Place	Jurisdiction/Court	Charge
<b>Have you ever been arrested on a motor vehicle charge?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, explain:</b>		
Date/Place	Jurisdiction/Court	Charge


**Military Service:**  Yes  No *( If "Yes" DD-214 or NGB-22 must be attached)*

Military branch or component	Highest Rank Attained	Type of Discharge
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**Business Information:**

Proposed Trade Name*	Address of Home Office
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Type Organization <input type="checkbox"/> Individual <input type="checkbox"/> Corporate	Date & Place of Incorporation <i>(attach Certificate of Incorporation or Trade Certificate)</i>
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Connecticut Addresses	Telephone Numbers
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Branch Manager's Name:& D.O.B.	
_____	

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

**Names, addresses, dates of birth, and proposed titles of all corporate officials:**  
(use additional paper if necessary)


**Are you currently licensed as a private investigator/security service in any other state?**

Yes  No If "Yes," Explain:

State	Lic. Number	Type of License	Date License Expires

**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 CT state fingerprint card (green) - with \$50.00 and \$12.00 made payable to Treasurer, State of Connecticut. Submit fingerprint card with check bank or postal money order or exact cash.
- 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.
- DD-214 or NGB-22, military discharge documentation which includes type of discharge and reenlistment codes
- High school diploma/ GED cert., college transcript or other proof of training
- Full credit bureau report; summary not accepted
- Trade name, LLC or Incorporation papers.

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

- One CT state fingerprint card (green) - with \$50.00 and \$12.00 made payable to Treasurer, State of Connecticut. Submit fingerprint card with check, bank or postal money or exact cash.
- 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 \_\_\_\_\_

COUNTY OF: \_\_\_\_\_ Date of Oath \_\_\_\_\_

PERSONALLY APPEARED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public, Justice of Peace or Commissioner of Superior Court

My Commission Expires: \_\_\_\_\_