**Department of Emergency Services and Public Protection AGENCY USE ONLY: Date Received**

**Division of State Police**

**Special Licensing and Firearms Unit**

Employees: Failure to provide complete and accurate information will result in denial.

Employers: Incomplete applications will be returned. All applications must be legible.

**APPLICATION FOR REGISTRATION OF SECURITY OFFICER**

**OR PRIVATE INVESTIGATOR**

**Applicant/Employer Information**

**Application for registration of employee for: [ ]  Security Officer [ ]  Private Investigator**

**1. Agency Name Date**

**2. Agency Address**

 **Street City State Zip**

**3. Agency Phone ( ) Agency License Number**

**4. On I informed the applicant of C.G.S. §§ 29-156a (PI) [ ]  or 29-161q [ ]  (SO).**

 **(Day/Month/Year)**

 **Signature of Licensee or Designee**

**Print Name/Title**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

 **SO Identification Card #**

**Employee Information**

**5. Name Date of Birth**

 **LAST FIRST MIDDLE**

**6. Resident Address Telephone ( )**

##  Street City State Zip

**7. Birthplace Race: Sex: Hgt: Wgt.:**

 **City State**

**8. U. S. Citizen [ ]  Yes [ ]  No Alien Reg. No. If Naturalized, Where Date**

 **This information is only required if registration is as a Private Investigator.**

**INCLUDE 2X2 PHOTO**

**WITH AND WITHOUT**

# HEAD COVER

**9. Describe your experience in the position applied for. If you need additional space,**

**check here [ ]  and use additional paper.**

**10. Previous employment for at least the past five years - include occupation, names, and contact information of employers. If you need additional space, check here [ ]  and use additional paper.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OCCUPATION | **EMPLOYER** | **ADDRESS** | **DATES EMPLOYED** | **TELEPHONE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**11. Have you ever been convicted in any court of any crime? [ ]  Yes [ ]  No**

**If yes, list all convictions, including charges, location, date of arrest and disposition. Also, list all pending charges, including nolles within the past 13 months. If you need additional space, check here [ ]  and use additional paper.**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | **CHARGE/VIOLATION** | **LOCATION (**Town/State) | **DISPOSTION** (Fine/time served/probation) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**12. Are you vested with police powers?** **[ ]  Yes** **[ ]  No**

**I subscribe and affirm under penalties of false statement, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct. I also understand that false statements are punishable in Connecticut pursuant to C.G.S. Section 53a-175b (Class A Misdemeanor) and/or as prescribed in accordance with C.G.S. §§ 29-161, 29-161g, q, x, y, and z inclusive as amended by PA 08-73 with fines up to $5000 or imprisonment up to one year or both.**

**STATE OF Signature of Employee**

 **SS**

 **Date of Oath**

**COUNTY OF**

**APPEARED:**

 **Notary Public, Justice of Peace, Pursuant to C.G.S. 1-24**

 **Commissioner of the Superior Court**

**ADDRESS: My Commission Expires:**

**Subscribed and sworn to before me this day of , 20**

**FOR AGENCY USE ONLY**

### This application is: Approved / Denied Date:

**Reviewed by:**

 **Signature Badge Number Print Name/Title/Badge Number**

**BASIS FOR DENIAL:**

**[ ]  Criminal Record (Felony)** **[ ]  Non-conforming/Unclear Photographs**

**[ ]  Criminal Record (Misdemeanor)** **[ ]  Fingerprint Cards Rejected by S.P.B.I.**

**[ ]  Incomplete/Incorrect Information on Fingerprint Cards [ ]  Other:**

**[ ]  Incomplete/Incorrect Information on Application: Item Number(s):**