

FOR OFFICE USE ONLY

UNIQUE ID: _____ EFFECTIVE DATE: _____ EXPIRATION DATE: _____ CASH NUMBER: _____ FEE: _____



**Division of
Licensing Services**

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

Private Investigator, Bail Enforcement Agent, Watch, Guard or Patrol Agency Application

INSTRUCTIONS: Forms must be completed in blue or black ink. Incomplete forms will not be processed. Please refer to pages 1 – 4 for further instructions on completing this form.

APPLICANT INFORMATION SECTION

APPLICATION AS (Check only ONE): Private Investigator Bail Enforcement Agent Watch, Guard or Patrol Agency

I AM APPLYING FOR A LICENSE AS Individual Partnership Trade Name Corporation Limited Liability Company
(Check only ONE):
 Limited Liability Partnership Limited Partnership

APPLICANT'S NAME
LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ NAME SUFFIX (E.G., Sr./Jr./III) _____

RESIDENCE ADDRESS
STREET ADDRESS (Required) – P.O. Box may be added to ensure delivery _____ APT/UNIT/PO BOX _____ COUNTY _____
CITY _____ STATE _____ ZIP+4 _____

To add a new principal or officer to an existing license, check the box below and provide the UID# in the space provided.

I am applying as an additional principal or officer on an existing company.

UID# _____ (Application must include an approval letter signed by at least one existing principal or officer).

CORPORATION NAME
(if applicable)

**NAME UNDER WHICH YOU
WILL BE DOING BUSINESS**

PRINCIPAL OFFICE ADDRESS
STREET ADDRESS (Required) _____ APT/UNIT/PO BOX _____ COUNTY _____
CITY _____ STATE _____ ZIP+4 _____

DAYTIME TELEPHONE NUMBER (Optional – If problem with application) _____ FAX NUMBER (if any) _____

EMAIL ADDRESS (if any) _____

SOCIAL SECURITY NUMBER (See Instructions – Privacy Notification) _____ FEDERAL TAXPAYER ID (See Instructions – Privacy Notification) _____

OFFICERS OR PRINCIPALS

NAME _____	TITLE _____
NAME _____	TITLE _____
NAME _____	TITLE _____
NAME _____	TITLE _____
NAME _____	TITLE _____

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BACKGROUND QUESTIONS

1. What is your date of birth? _____
2. Are you a citizen of the United States or an alien lawfully admitted for permanent residence in the United States? YES NO
3. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony? YES NO
→**IF "YES"**, you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.
4. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? YES NO
→**IF "YES"**, you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint)
5. Has any license, permit, commission, registration or application for a license, permit, commission or registration held by or submitted by you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied by an state, territory or governmental jurisdiction or foreign country for any reason? YES NO
→**IF "YES"**, you must submit all relevant documents, including the agency determination, if any.
6. Have you ever applied for a Private Investigator, Bail Enforcement Agent or Watch, Guard or Patrol Agency license prior to this application? YES NO
→**IF "YES"**, please provide the UID # or Reg. #: _____
7. I am applying **as a principal** (i.e., corporate officer, stockholder holding 10 percent or more of the corporation stock, partner, or partner or manager of a limited liability company or a limited liability partnership.) **who meets the qualifying experience** requirement. YES NO
8. I am applying **as a nonqualifier** (i.e., corporate officer, stockholder holding 10 percent or more of the corporation stock, partner, or partner or manager of a limited liability company or a limited liability partnership.) YES NO
→**IF "YES"**, complete item 9 below and then skip Experience section on next page; complete all other items as instructed.

RESIDENCE HISTORY (ALL APPLICANTS)

9. Enter below a complete record of your residence(s) during the last 3 years (attach a separate sheet if necessary).
Please type or print clearly.

DATES:

ADDRESS:

FROM _____ TO _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

FROM _____ TO _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

FROM _____ TO _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

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EXPERIENCE (Qualifying Applicants ONLY)

Experience and Occupation

Enter below a complete record of your occupation(s) during the time period during which your qualifying experience is claimed. All requested information must be provided (attach additional sheets if necessary).

COMPANY NAME AND UID IF APPLICABLE _____

COMPANY ADDRESS _____

CITY _____

STATE _____

ZIP+4 _____

SUPERVISOR'S NAME _____

BUSINESS PHONE (include area code) _____

SPECIFIC EMPLOYMENT DATES: FROM _____ TO _____

FULL-TIME (35+ HRS/WEEK)

PART-TIME/AVERAGE HOURS PER WEEK _____

POSITION(S)/OFFICE TITLE(S): _____

Please List Qualifying Primary, Specific Job Duties:

Employer Experience Verification

To be completed by company Owner/Officer/Human Resources Department or in the case of a Government agency, the person in charge of that Division, verifying the above claimed experience including job duties, hours worked and dates of employment. If you are not able to obtain employer verification, please have below section "Experience Verification Other Than Employer" completed.

NAME _____ TITLE _____ DAYTIME PHONE NUMBER WITH AREA CODE _____

ADDRESS _____ CITY _____ STATE _____ ZIP+4 _____

I affirm under penalty of perjury that I have verified the above claimed experience provided by the applicant and attest that it is true and correct to the best of my knowledge and belief.

SIGNATURE _____

Experience Verification Other Than Employer

To be completed by at least three people, not related by blood or marriage, having direct knowledge of your claimed experience. Provide proof evidencing claimed experience for the period above. Proof may include W-2's, 1099's or other credible information.

We, the undersigned, affirm under penalty of perjury that we have verified the above claimed experience provided by the applicant is true and correct to the best of our knowledge and belief.

NAME _____ RELATIONSHIP TO APPLICANT _____ DAYTIME PHONE NUMBER WITH AREA CODE _____

ADDRESS _____ CITY _____ STATE _____ ZIP+4 _____

SIGNATURE _____

NAME _____ RELATIONSHIP TO APPLICANT _____ DAYTIME PHONE NUMBER WITH AREA CODE _____

ADDRESS _____ CITY _____ STATE _____ ZIP+4 _____

SIGNATURE _____

NAME _____ RELATIONSHIP TO APPLICANT _____ DAYTIME PHONE NUMBER WITH AREA CODE _____

ADDRESS _____ CITY _____ STATE _____ ZIP+4 _____

SIGNATURE _____

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CHILD SUPPORT STATEMENT (SOLE PROPRIETORS ONLY)

10. **By signing this application**, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties, or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

APPLICANT AFFIRMATION (All Applicants)

11. I affirm that I have read and understand the provisions of Article 6D, 7 and 7-A of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). I further affirm that Worker's Compensation Insurance/Disability Benefits, for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

X _____

Applicant's Signature

Date

Print Name: _____

DMV Consent Section – IMPORTANT INFORMATION Regarding your Photo ID

12. The Department of State produces photo ID cards in cooperation with the NYS Department of Motor Vehicles (DMV). If you have a current NYS Driver License or Non-Driver ID card, please provide your 9-digit DMV ID Number in the space provided below. Then read the informed consent and sign this form. If you do not have a current NYS photo Driver License or Non-Driver ID card, please have your photo taken at any nearby DMV office BEFORE you complete this application. For more details, refer to our notice, "Request for Photo ID".

INFORMED CONSENT: I authorize the NYS Department of State and the NYS Department of Motor Vehicles (DMV) to produce an ID card bearing my DMV photo. I understand that DMV will send this card to the address I maintain with the Department of State. I also understand that the Department of State and DMV will use my DMV photo to produce all my subsequent ID cards for as long as I maintain my license/registration with the Department of State.

DMV ID# _____ - _____ - _____

X _____

Applicant's Signature

Date Signed

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CHARACTER WITNESSES (All Applicants)

13. The law requires five individuals who reside where you reside or where you plan to conduct business sign the following certification:

We, the undersigned, do subscribe and affirm that we are citizens of the United States and reside where the applicant resides or where the applicant conducts or intends to conduct his/her place of business as a private investigator, bail enforcement agent or as a watch, guard or patrol agency. Our business and residence addresses are shown following our names.

We, further subscribe and affirm that each of us has personally known the applicant at least five years; we have read the foregoing application for licensure as a private investigator, bail enforcement agent or as a watch, guard or patrol agency and believe each of the statements made therein to be true; that the said applicant is a person of good character and is honest and competent to act as a private investigator, bail enforcement agent or watch, guard or patrol agency; that we recommend his/her application for said licensure be granted; and that we are not related to the applicant by blood or marriage.

We affirm, under the penalties of perjury, that the statements made above are true and correct to the best of our knowledge and belief.

WITNESS
ONE

NAME BUSINESS ADDRESS

DAYTIME TELEPHONE NUMBER (Include Area Code) RESIDENCE ADDRESS (CITY, STATE, ZIP+4)

X

Signature

Date

WITNESS
TWO

NAME BUSINESS ADDRESS

DAYTIME TELEPHONE NUMBER (Include Area Code) RESIDENCE ADDRESS (CITY, STATE, ZIP+4)

X

Signature

Date

WITNESS
THREE

NAME BUSINESS ADDRESS

DAYTIME TELEPHONE NUMBER (Include Area Code) RESIDENCE ADDRESS (CITY, STATE, ZIP+4)

X

Signature

Date

WITNESS
FOUR

NAME BUSINESS ADDRESS

DAYTIME TELEPHONE NUMBER (Include Area Code) RESIDENCE ADDRESS (CITY, STATE, ZIP+4)

X

Signature

Date

WITNESS
FIVE

NAME BUSINESS ADDRESS

DAYTIME TELEPHONE NUMBER (Include Area Code) RESIDENCE ADDRESS (CITY, STATE, ZIP+4)

X

Signature

Date