

# Wisconsin Department of Regulation & Licensing

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### NOTICE OF EMPLOYMENT OR TRANSFER OF PRIVATE DETECTIVE LICENSE

**IMPORTANT:** You must either be covered by your employer's liability policy or you must obtain your own \$2,000 bond. Do not mail this form until you are covered either by bond or insurance. An individual may act as a private detective when this properly completed form with the fee is in the mail to the Department.

PLEASE TYPE OR PRINT IN INK

#### SECTION A: TO BE COMPLETED BY PRIVATE DETECTIVE APPLICANT

LAST NAME	FIRST NAME	MI
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YOUR STREET ADDRESS (A post office box is not sufficient for licensing.)  Check box if this is a change of address

Number	Street	Apt. #
City	State	Zip Code

DATE OF BIRTH: ____/____/____ month day year	DAYTIME TELEPHONE #: ( ) _____ - _____	LICENSE # _____	FIREARMS PERMIT <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### LIST ALL CURRENT EMPLOYERS:

#### PLACE A CHECK MARK IN FRONT OF ONE OF THE FOLLOWING AND FILL IN THE BLANK, IF APPLICABLE:

Reason for completing this form:

- I am transferring from the employment of \_\_\_\_\_ to the agency listed on the reverse side.
- I am returning to work for \_\_\_\_\_
- I will work for more than one agency employer and the agency listed on the reverse side is in addition to the agency employer(s) the Department currently has on record.

**APPLICATION FEE:** Make check payable to Department of Regulation and Licensing and attach to application.

\$ 10.00 Fee

**For Receiving Use Only**

OFFICE USE ONLY	
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<input type="checkbox"/> Transfer	<input type="checkbox"/> Bond
<input type="checkbox"/> Return to Work	<input type="checkbox"/> Insurance
<input type="checkbox"/> Added Employer	

# Wisconsin Department of Regulation & Licensing

I do solemnly swear that the foregoing statements are true and correct. If it is necessary for me to carry a firearm or other dangerous weapon while on duty, I will secure permission to do so, as required by law, and file a "Firearm Certification of Proficiency" (Form #467) in the use of such weapon with the Department of Regulation and Licensing. I understand that failure to comply with the Wisconsin Statutes and the rules of the department may result in disciplinary action against my license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date Commission Expires

## SECTION B TO BE COMPLETED BY PRIVATE DETECTIVE AGENCY

**ENTER NAME OF EMPLOYING AGENCY EXACTLY AS IT APPEARS ON THE AGENCY'S LICENSE:**

**ENTER THE EMPLOYING AGENCY'S NUMBER AS IT APPEARS ON THE AGENCY'S LICENSE:**

\_\_\_\_\_  
Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**ENTER THE MAIN OFFICE TELEPHONE NUMBER:**

(Include area code)

( ) \_\_\_\_\_

**THIS STATEMENT MUST BE SIGNED** by the sponsoring sole proprietor owner of the agency or by the officer or partner of a corporation or partnership who has been designated as the principal. Print or type name of person signing below.

This is to certify I will assume responsibility for the private detective applicant pursuant to the Department rules. I also certify that the private detective as required by Wis. Stat. § 440.26(4), is covered by one of the following:

Our agency liability policy

This individual has a firearms permit which is covered by our insurance policy.

A \$2,000 bond which specifically covers the applicant and which I have verified.

\_\_\_\_\_  
Signature of Agency Sole Proprietor, Officer or Partner

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date Commission Expires