

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR PRIVATE DETECTIVE AGENCY LICENSE

(Note: Both security guard agencies and private detective agencies are statutorily licensed as a "private detective agency")

TYPE OR PRINT IN INK

1. ENTER NAME OF AGENCY:

2. ENTER ADDRESS OF PRINCIPAL OFFICE: (The P.O. Box alone is not sufficient for licensing).

Number	Street	P.O. Box
City	State	Zip Code

3. ENTER TYPE OF BUSINESS

- Sole Proprietor
- Partnership
- Corporation Incorporated in the State of: _____
- Limited Liability Company (LLC) Organized in the State of: _____
- Limited Liability Partnership (LLP) Organized in the State of: _____
- Other: _____

ENTER TELEPHONE NUMBER OF PRINCIPAL OFFICE

() _____

The private detective agency license expires on August 31 of the odd-numbered year. It may be renewed for a two year period at that time.

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

- \$ 75.00 Initial credential fee
- Reinstatement (credential expired more than 5 years)
\$ 132.00 Credential fee

For Receiving Use Only

BOARD OFFICE USE ONLY

Liability Coverage
_____ Bond
_____ Insurance

Reg. Type	License #
Date Granted	Date Expires

Wisconsin Department of Regulation & Licensing

5. IF APPLICANT IS A WISCONSIN CORPORATION, LIMITED LIABILITY COMPANY, OR A LIMITED LIABILITY PARTNERSHIP, enter the name of the registered agent, and ATTACH A COPY OF APPROVAL from the Wisconsin Department of Financial Institutions, Corporation Division, at (608) 261-7577.

6. IF A FOREIGN CORPORATION, LIMITED LIABILITY COMPANY, OR A LIMITED LIABILITY PARTNERSHIP, enter name and address of Wisconsin registered agent and attach a copy of the Certificate of Authority or Certificate of Registration to do business in Wisconsin, issued by the Wisconsin Department of Financial Institutions, Corporation Division, at (608) 261-7577.

7. ENTER DATE INCORPORATED OR ORGANIZED

8. ENTER TYPE OF SERVICES YOUR AGENCY WILL PROVIDE

Private Security Private Detective Both

9. ENTER TYPE OF LIABILITY COVERAGE

Surety Bond Insurance

10. WILL YOU REQUIRE EMPLOYEES TO CARRY A FIREARM? (If YES, include a copy of the agency's policy concerning the use, care and storage of firearms.)

Yes No

11. LIST THE ADDRESS(ES) OF ANY OTHER WISCONSIN OFFICES

12. ENTER THE NAME AND TITLE of the sole proprietor, each partner, each member and manager of a limited liability company or each corporate officer. Attach an Application for Private Detective License (Form #469), for each person who is not already licensed as a private detective and will personally be acting as a private detective in Wisconsin.

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Wisconsin Department of Regulation & Licensing

WISCONSIN CORPORATION AFFIDAVIT

The following Affidavit must be signed in the presence of a Notary Public by a sole proprietor or any other individual applicant. If the applicant is a corporation, the Affidavit must be signed by the Secretary and the President or Vice President. If the applicant is a partnership or limited liability company, the Affidavit must be signed by all of the partners of a partnership and all of the members of a limited liability company.

I (We) hereby swear and affirm that the answers set forth are true and correct to the best of my (our) knowledge and belief and I (we) understand that if the applicant is issued a registration certificate, failure to comply with the laws and rules enforced by the Wisconsin Department of Regulation and Licensing may be cause for disciplinary action against the individual applicant or any and all officers, partners or members of a corporation, partnership or LLC applicant.

I (We) swear that, to the best of my (our) knowledge and belief, no officer, partner, member, manager or employee has been or will be assigned a firearm until the agency's firearms policy and an acceptable Certification of Proficiency (Form #467) is on file with the Department of Regulation and Licensing and that all statements contained herein are true and correct. If this agency is granted a license, the agency will abide by all the provisions of the Wisconsin Statutes as set forth in sec. 440.26, Stats., and Chs. RL 30 to 35, Wis. Adm. Code. I (We) understand that failure to do so may be cause for disciplinary action against the applicant or any and all officers or partners.

Signature of Agency Sole Proprietor, Officer, Partner or LLC Member

Date

Print/Type the Name of the Person Who Signed Above

Title

Signature of Officer, Partner or LLC Member

Date

Print/Type the Name of the Person Who Signed Above

Title

Signature of Partner or LLC Member

Date

Print/Type the Name of the Person Who Signed Above

Title

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public

(Seal)

Date Commission Expires

Wisconsin Department of Regulation & Licensing

FOREIGN CORPORATION REGISTERED AGENT AFFIDAVIT

If the applicant is a foreign corporation, this Affidavit must be signed by the Registered Agent.

I (We) hereby swear and affirm that the answers set forth are true and correct to the best of my (our) knowledge and belief and I (we) understand that if the applicant is issued a registration certificate, failure to comply with the laws and rules enforced by the Wisconsin Department of Regulation and Licensing may be cause for disciplinary action against the individual applicant or any and all officers, partners or members of a corporation, partnership or LLC applicant.

Signature of Registered Agent

Date

Print/Type the Name of the Person Who Signed Above

Title

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public

(Seal)

Date Commission Expires

Wisconsin Department of Regulation & Licensing

Each sole proprietor owner, partner, corporate officer or member of an LLC who signs this application on Page 3 or Page 4 must complete the following information, submit ONE RECENT PHOTO as stated in Page 3 of 3 of the instructions and, EACH PERSON MUST HAVE DIGITAL FINGERPRINTS TAKEN BY THE DEPARTMENT'S VENDOR. Make copies of this page as necessary.

NOTE: This section should be photocopied if the agency has more than one unlicensed person, as described above.

Last Name		First Name		MI	Birth Date _____ / _____ / _____ month day year	
Enter Home Address (Street, City, State, Zip) (P.O. BOX ALONE IS NOT SUFFICIENT).					Daytime Telephone Number () _____	
Ethnic Origin	Sex	Height	Weight	Eye Color	Hair Color	

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| a. Has the agency or any of its officers EVER been convicted of a MISDEMEANOR, A FELONY, OR DRIVING WHILE INTOXICATED (DWI) , in this or any other state, OR are criminal charges or DWI charges currently pending? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has the agency or any of its officers ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has any licensing or other credentialing agency ever taken any disciplinary action against the agency, or any of its officers, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is disciplinary action pending against the agency or any of its officers in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have any suits or claims ever been filed against the agency as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does the agency currently hold, or has held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential? | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

EMPLOYMENT RECORD FOR THE LAST TEN YEARS (Include name of employer, dates of employment and the type of employment. Use another sheet if additional space is needed.)

My fingerprints have been submitted to Promisor on _____ (date)

This application must be submitted within 14 days after submission of fingerprints.

SIGNATURE OF APPLICANT	TITLE OF APPLICANT	DATE
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