

PRIVATE DETECTIVE APPLICATION

PHOTO ID REQUIRED

NEW () RENEWAL ()

FOR OFFICE USE ONLY

LICENCE NO. _____

APPLICANT'S NAME _____ ADDRESS _____

HOME PHONE _____ CELL PHONE _____ D.O.B. _____

HAIR _____ EYES _____ HEIGHT _____ WEIGHT _____

EMPLOYER'S NAME _____ ADDRESS _____

TELEPHONE NUMBER _____ OCCUPATION _____

ARE YOU A U.S. CITIZEN? _____ SOCIAL SECURITY NUMBER _____

HAVE YOU EVER BEEN ARRESTED? _____ IF SO, GIVE DATE(S), OFFENSE(S) AND ALL DISPOSITIONS(S) _____

ARE YOU LICENSED TO CARRY A REVOLVER/PISTOL IN THE STATE OF R.I.? _____

WILL A REVOLVER/PISTOL BE USED IN YOUR CAPACITY AS A PRIVATE DETECTIVE? _____

HAS A PRIVATE DETECTIVE LICENSE OR APPLICATION BEEN DENIED OR REVOKED? _____

HAVE YOU EVER BEEN DECLARED INCOMPETENT BY A COURT OF LAW? _____

HAVE YOU EVER BEEN HABITUALLY DRUNK, ADDICTED TO OR DEPENDENT UPON NARCOTICS? _____

PROVIDE THE NAME OF TWO PERSONS WHO WILL ATTEST TO YOUR MORAL CHARACTER:

NAME ADDRESS TELEPHONE

NAME ADDRESS TELEPHONE

DO YOU HAVE 5 YEARS EXPERIENCE AS AN INVESTIGATOR OR POLICE OFFICER? _____ DO

YOU HAVE A DEGREE IN CRIMINAL JUSTICE? _____

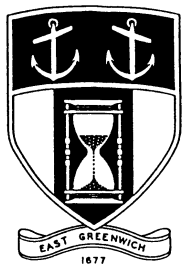
ARE YOU CURRENTLY EMPLOYED AS AN INVESTIGATOR OR PRIVATE DETECTIVE? _____ IF SO, GIVE NAME AND ADDRESS (MUST HAVE AT LEAST FIVE YEARS EXPERIENCE)

IF NONE OF THE ABOVE APPLIES, WHAT TYPE OF EQUIVALENT TRAINING DO YOU HAVE WHICH QUALIFIES YOU TO BE A PRIVATE DETECTIVE? _____

BOND REQUIRED IN THE AMOUNT OF \$5,000.00 WITH CORPORATE SURETY APPROVED BY THE LICENSING AUTHORITY.

BONDING COMPANY NAME & ADDRESS _____

DATE BOND EXPIRES: _____



Town of East Greenwich, Rhode Island

Town Clerk's Office, 125 Main Street, PO Box 111, East Greenwich, RI 02818
(401) 886-8605

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND I HAVE READ AND AM FAMILIAR WITH THE PROVISIONS OF CHAPTER 5-5-1 TO 5-5-21, INCLUSIVE, OF THE GENERAL LAWS OF THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS, AND THAT I AM AWARE OF THE PENALTIES FOR VIOLATION OF THE PROVISIONS OF THE CITED SECTIONS THEREIN.

I AUTHORIZE THE TOWN OF EAST GREENWICH TO RUN A CRIMINAL HISTORY CHECK ON ME AND AUTHORIZE DISCLOSURE OF ANY RECORD FOUND TO THE APPROPRIATE PERSONNEL.

APPLICANT'S SIGNATURE

DATE

APPLICATION CLEARED _____ ISSUANCE NOT RECOMMENDED _____

CHIEF OF POLICE

GRANTED BY THE TOWN COUNCIL OF THE TOWN OF EAST GREENWICH

TOWN CLERK

Office Use Only

Date Approved by Council:	Date License Issued:
Fee Paid:	Date License Expires:
License Issued By:	

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