

STATE OF NEW JERSEY DIVISION OF STATE POLICE APPLICATION FOR PRIVATE DETECTIVE LICENSE		CASE FILE NUMBER	
NAME (Print — Last)		(First)	(Middle)
Home Address		(Street or R.D. Number)	(City)
COUNTY	STATE	ZIP CODE	
NAME OF AGENCY and/or TRADE NAME			
PRESENT OR PROPOSED ADDRESS OF AGENCY		(Number)	(Street or R.D. Number) (City)
COUNTY	STATE	ZIP CODE	
MAILING ADDRESS IF DIFFERENT		(Number)	(Street or R.D. Number) (City)
COUNTY	STATE	ZIP CODE	
HOME PHONE NUMBER		AGENCY PHONE NUMBER	
(Area Code/Number)	E-mail	(Area Code/Number)	E-mail
<p>MAIL ALL DOCUMENTS TO:</p> <p>NEW JERSEY STATE POLICE PRIVATE DETECTIVE UNIT P.O. BOX 7068 WEST TRENTON, NEW JERSEY 08628</p>			
<p>All license Qualifiers, Corporate Officers, Partners or LLC Members shall complete an application. Provide all information requested within this application and any other attached forms.</p> <p>The application shall be completed personally by the applicant. Any omission or misstatement of fact is grounds for DENIAL - NJAC 13:55-1.11 Any person who shall knowingly state any fact falsely shall be guilty of a misdemeanor - NJS 45:19-11</p>			

CHECK THE APPROPRIATE BOX FOR THE LICENSE TYPE OR POSITION

Individual License Qualifiers*

Corporate License Qualifiers*

Corporate License Officer

LLC License Qualifiers*

Partnership License Qualifiers*

LLC License Member

Partnership License Non-Qualifiers*

*The Qualifier is that person who has 5 years' experience as an investigator or a police officer.

All Corporate, LLC, and Partnership applications shall be submitted together as one entity.

List the name and address of all Corporate Officers, LLC members, or Partners

Name	Address

NAME OR TRADE NAME

New Jersey Administration Code 13:55-1.6 - Advertising

No licensee shall conduct business under a name or trade name unless authorization has been obtained from the Superintendent of the New Jersey State Police. The Superintendent shall not authorize the use of a trade name which, in his opinion, is so similar to that of a public officer or agency, or that used by another licensee, that the public may be confused or misled thereby. The authorization shall require the filing of a trade name with the County Clerk for an **Individual** or **Partnership** license or with the Department of Treasury, Commercial Recording and Business Services for a **Corporation** or **LLC** license.

Use of a name different from an individual's name shall require filing with the County Clerk
Out of State Corporations or LLC's shall file with the Department of Treasury

SELECT TWO NAMES

1. _____

2. _____

EMPLOYMENT

List ***All*** Police or Investigative Employment

(Past & Present)

TO BE COMPLETED BY APPLICANT'S EMPLOYER			
EMPLOYING AGENCY	ADDRESS		
DATE EMPLOYED	FROM - Month/Year	TO - Month/Year	TELEPHONE/E-MAIL
SUPERVISOR NAME/TITLE	SUPERVISOR SIGNATURE		
APPLICANT - POSITION/TITLE	REASON FOR TERMINATION OF EMPLOYMENT		
EXPLANATION OF APPLICANT'S DUTIES/GENERAL COMMENTS			
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TO BE COMPLETED BY APPLICANT'S EMPLOYER			
EMPLOYING AGENCY	ADDRESS		
DATE EMPLOYED	FROM - Month/Year	TO - Month/Year	TELEPHONE/E-MAIL
SUPERVISOR NAME/TITLE	SUPERVISOR SIGNATURE		
APPLICANT - POSITION/TITLE	REASON FOR TERMINATION OF EMPLOYMENT		
EXPLANATION OF APPLICANT'S DUTIES/GENERAL COMMENTS			
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UTILIZE THE CONTINUATION PAGE FOR ADDITIONAL SPACE			

** Employer's letterhead stationary, providing the same information, may substitute for this form**

REFERENCES

The applicant shall insure that five reputable citizens, unrelated to the applicant and over the age of 21, complete the following information and provide a **signature** attesting to the approval of the applicant.

A **reference** shall only complete and sign if offering approval of the applicant's character and competency to be licensed as a New Jersey Private Detective.

1. PRINT NAME	HOME PHONE	WORK PHONE
ADDRESS		E-MAIL
SIGNATURE		DATE
2. PRINT NAME	HOME PHONE	WORK PHONE
ADDRESS		E-MAIL
SIGNATURE		DATE
3. PRINT NAME	HOME PHONE	WORK PHONE
ADDRESS		E-MAIL
SIGNATURE		DATE
4. PRINT NAME	HOME PHONE	WORK PHONE
ADDRESS		E-MAIL
SIGNATURE		DATE
5. PRINT NAME	HOME PHONE	WORK PHONE
ADDRESS		E-MAIL
SIGNATURE		DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, AM HAVING A CONFIDENTIAL BACKGROUND
PRINT NAME
INVESTIGATION CONDUCTED ON ME BY THE NEW JERSEY STATE POLICE.

THEREFORE, I AUTHORIZE A REVIEW, FULL DISCLOSURE, AND RELEASE OF ALL RECORDS OR INFORMATION, OR ANY PART THEREOF, CONCERNING MYSELF TO ANY SWORN MEMBER OF THE NEW JERSEY STATE POLICE, WHETHER THE SAID RECORDS OR INFORMATION ARE PUBLIC OR PRIVATE, AND INCLUSIVE OF RECORDS OR INFORMATION CONSIDERED PRIVILEGED OR CONFIDENTIAL IN NATURE.

THE RELEASE AUTHORIZATION IS INTENDED TO PROVIDE A RELEASE OF ANY INFORMATION THAT CAN BE UTILIZED AS INVESTIGATIVE RESOURCE MATERIAL DURING THE BACKGROUND INVESTIGATION FOR A NEW JERSEY PRIVATE DETECTIVE LICENSE, AND DURING AN INDIVIDUAL'S ENTIRE LICENSE PERIOD. THE RELEASE WILL REMAIN IN EFFECT DURING THE INITIAL LICENSE PERIOD AND SUBSEQUENT LICENSE RENEWAL PERIODS.

A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

SIGNATURE MUST BE NOTARIZED

I, _____ AFFIRM THAT I AM THE ABOVE
PRINT NAME

NAMED PERSON MAKING APPLICATION FOR A NEW JERSEY PRIVATE DETECTIVE LICENSE. I READ AND ANSWERED EACH QUESTION WITHIN THE APPLICATION COMPLETELY AND TRUTHFULLY.

APPLICANT SIGNATURE

DATE

Sworn to before me this

_____ day of _____, _____
YEAR

Notary Public

STATE POLICE USE ONLY

RECORD SEARCH REPORT	PRIVATE DETECTIVE UNIT		DATE
PROMIS GAVEL AUTOMATED COURT SYSTEM			
PRIVATE DETECTIVE UNIT			
AFFIRM			
N.C.I.C./S.C.I.C			
MOTOR VEHICLE			
FEDERAL PRINT			
STATE PRINT			
CREDIT			