

APPLICATION FOR SECURITY/PRIVATE INVESTIGATIVE REGISTRATION

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

Post Office Box 21398
Columbia, SC 29221-1398
ATTN: PUBLIC DISSEMINATION

FILE # R _____

NOTICE: Application must be typed or clearly printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete and legible will be returned. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as the application, and number answers to correspond with the questions.

THIS APPLICATION IS FOR EMPLOYEE REGISTRATION AS: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> SECURITY/PRIVATE INV. <input type="checkbox"/> NEW <input type="checkbox"/> RE-REGISTERING </td> <td style="width:50%; border: none;"> SECURITY ONLY <input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED </td> </tr> </table>		SECURITY/PRIVATE INV. <input type="checkbox"/> NEW <input type="checkbox"/> RE-REGISTERING	SECURITY ONLY <input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED	AGENCY NAME: _____ CO. LICENSE #: _____ MAILING ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____ PHONE #: _____
SECURITY/PRIVATE INV. <input type="checkbox"/> NEW <input type="checkbox"/> RE-REGISTERING	SECURITY ONLY <input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED			

1. PERSONAL HISTORY

Full Name (Last, First, Middle)	Driver's License #
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Date of Birth	Place of Birth (City & State)	Social Security #	Race	Sex	Height	Weight	Eyes	Hair
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PLEASE NOTE: SOCIAL SECURITY NUMBER IS NECESSARY IN ORDER TO OBTAIN AN ACCURATE CRIMINAL HISTORY CHECK.

Are you a U.S. citizen? Yes No
 NATURALIZATION NO: _____ PLACE: _____ COURT: _____

2. RESIDENCES

Present Residence Address (Street, City, State, Zip Code)

Home Phone #	Cell Phone #
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PRIOR Resident Address(s) - include the past 10 years (Street, City, State, Zip Code) – Use additional space on back, if required.	How Long?
1.	
2.	
3.	
4.	

Have you previously applied for a Security License with the S. C. Law Enforcement Division? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Place: _____	Do you currently hold a State Constable's Commission? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____
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3. EMPLOYMENT

List chronologically all employments for the past 10 years, including summer and part-time employments while attending school. All time must be accounted for. If unemployed for a period indicate, setting forth dates of unemployment. (If space provided is insufficient, continue on a separate page.)

Name, Address and Phone # of Employer	Date		Position and type of work	Name of Supervisor	Reason for Leaving
	From	To			
a.					
b.					
c.					
d.					

Do you currently hold any other position where you have direct or indirect access to criminal history information? No Yes

4. MILITARY RECORDS

Have you ever served on active duty in the Armed Forces of the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes Highest Rank Obtained? _____	Branch of Military Service	Type of Discharge
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5. CRIMINAL RECORD

Have you ever been arrested or charged with any violations? () NO () YES. (List all such matters, even if not formally charged, no court appearance, found not guilty, or matter settled by payment of fine or forfeiture of collateral). List all traffic citations, but do not include parking tickets.

Date	Place	Charge	Final Disposition	Details

6. PHYSICAL DATA

Do you now have or have you had in the past any of the following? Nervous, mental, or emotional disorder of any sort, epilepsy or diabetes? () NO () YES. If yes, identify, describe and give details below. If you are currently on medication for any of the above, or any other medical problems, please submit a statement from your physician.

I understand that any License or Registration Certificate issued me will be contingent upon the result of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for revocation or suspension by the South Carolina Law Enforcement Division. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

I do hereby authorize any military organization, doctors, insurance companies, educational institution, governmental agencies, banks and credit agencies, former and present employers and individuals to furnish to the South Carolina Law Enforcement Division any or all available information regarding me, whether or not it is on their records. I hereby release them from any civil or criminal liability whatsoever for issuing same.

Notary Public Of South Carolina

Signature of Applicant (Do not use nickname)

My Commission Expires: _____

Date: _____

PLEASE MARK BELOW THE TYPE OF LICENSE AND/OR REGISTRATION. PLEASE ENCLOSE APPROPRIATE FEE.

INDIVIDUAL REGISTRATION

Contract/Proprietary Security Officer Unarmed (SNF) \$65.00 _____

Contract/Proprietary Security Officer Armed (SFA) \$110.00 _____

Temporary Officer (TEM) \$ 5.00 _____

Upgrade from Unarmed to Armed Officer (UGA) \$45.00 _____

Private Investigator (DET) \$350.00 _____