

APPLICATION FOR COMPANY LICENSING – NEW AND RENEWAL

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

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

LICENSE # _____

REGISTRATION # _____

NOTICE: Application must be typed or clearly printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). If the application is not completed and legible, it 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.

CHECK LICENSE APPLIED FOR:

- () PROPRIETARY SECURITY AGENCY () NEW
() CONTRACT SECURITY AGENCY () RENEWAL
() PRIVATE DETECTIVE AGENCY () CHANGE OF COMPANY OPERATOR
() ARMED UPGRADE

AGENCY NAME: _____
LICENSE #: _____
ADDRESS: _____
E-MAIL ADDRESS _____
PHONE #: _____

1. PERSONAL HISTORY

Full Name (Last, First, Middle) _____ Age _____ Driver's License # _____

| | | | | | | | | |
|---------------|-------------------------------|-------------------|------|-----|--------|--------|------|------|
| Date of Birth | Place of Birth (City & State) | Social Security # | Race | Sex | Height | Weight | Eyes | Hair |
|---------------|-------------------------------|-------------------|------|-----|--------|--------|------|------|

List all other names you have used including nicknames. If female, furnish maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever changed your legal name, give date, place and court.

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

Do you have a high school diploma or equivalent? () Yes () No
SCHOOL NAME: _____ SCHOOL ADDRESS: _____

Have you previously applied for a Security License with the S. C. Law Enforcement Division? Do you currently hold a State Constable's Commission?
() No () Yes Date: _____ Place _____ () No () Yes Date: _____

2. RESIDENCES (New Applicant Only)

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

Home Phone # _____ Cell Phone # _____

| PRIOR Resident Address(es) - include the past 10 years (Street, City, State, Zip Code) | How Long? |
|--|-----------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

3. REFERENCES (New Applicant Only)

Give three references (**no** relatives, former or present employers, fellow employees, or school teachers) who are responsible adults and of reputable standing in their communities. If reference is retired, list their former occupation.

| Complete Name | Residence Address | Telephone Numbers |
|------------------|-------------------|-------------------|
| Years Acquainted | Occupation | Business Address |
| Complete Name | Residence Address | Telephone Numbers |
| Years Acquainted | Occupation | Business Address |
| Complete Name | Residence Address | Telephone Numbers |
| Years Acquainted | Occupation | Business Address |

4. EMPLOYMENT (New Applicant Only)

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

| Name, Address and Phone # of Employer | Dates | | Position and type of Work | Name of Supervisor | Reason for Leaving |
|---------------------------------------|-------|----|---------------------------|--------------------|--------------------|
| | From | To | | | |
| a. | | | | | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

Have you ever been dismissed or asked to resign from any employment or position you have held? No Yes

Employer's Name _____ Date _____ Reason _____

Are you now or have you ever been employed by an agency of the Federal or State Government (include part-time employment.)

No Yes Agency _____ From _____ To _____ Location _____

Do you currently hold any type of commission, elected, or appointed office? No Yes

Commission _____ Office Held _____

Are you now or have you ever been licensed or registered as a private security officer or private detective in another state?

No Yes Type of License/Registration _____ State _____

If yes, list any disciplinary action taken against you or your company.

Have you previously applied for License or Registration with the S.C. Law Enforcement Division? No Yes

Date _____ Place _____

Registration # _____ Expiration Date _____

5. MILITARY RECORDS (New Applicant Only)

Have you ever served on active duty in the Armed Forces of the United States?

Branch of Military Service

No Yes Highest Rank Obtained? _____

Serial # Dates of active duty (month, day & year)

Type of Discharge Basis for Discharge

Was any type of disciplinary action taken against you in the Service?

If dishonorable discharge, please explain:

PLEASE SUBMIT A COPY OF YOUR DD-214, IF NEW APPLICANT

6. CREDIT RECORD

Has your credit record ever been considered unsatisfactory, or have you ever been refused credit? () No () Yes
If yes, list date(s), name of creditor(s), and circumstances.

Do you have any outstanding judgments against you? () No () Yes

If yes, submit statement from Clerk of Court's Office indicating judgment(s).

7. COURT RECORD

Have you ever been arrested or charged with any violation? () 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)

| Date | Place | Charge | Final Disposition | Details |
|------|-------|--------|-------------------|---------|
| | | | | |
| | | | | |
| | | | | |

8. 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, tuberculosis, epilepsy, fainting spells, headaches, diabetes, ulcers, rheumatic fever, heart disease, or asthma? () No () Yes If yes, give details.
If you are currently on medication for any of the above, or any other medical problem, please submit a statement from your physician.

I understand that any License or Registration Certificate issued to me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for denial, 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.

Please be advised that State Law makes certain personal information collected by SLED during the permit or licensing process subject to public scrutiny and/or release.

Notary Public of South Carolina

Signature of Applicant as Usually Written (Do not use nickname)

My Commission Expires:_____

Date:_____

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

AGENCY LICENSE

Proprietary Security Agency (PRM) \$350.00 _____

Contract Security Agency (PRV) \$350.00 _____

Private Detective Agency (PDC) \$350.00 _____

Armed Upgrade (UGA) \$45.00 _____

Replacement/Duplicate License \$20.00 _____

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).