

CITY OF NEWPORT, RHODE ISLAND

APPLICATION FOR PRIVATE DETECTIVE LICENSE

(to be filed in duplicate)

NAME: [] d/b/a []

ADDRESS (residence): [] []

Phone: []

ADDRESS (local business): [] Phone: []

Location/Address of Principal Place of Private Detective Business: []

PLACE OF BIRTH: [] BIRTH DATE: [] AGE: []

US CITIZEN? (circle one): YES NO SOCIAL SECURITY #: []

Present Occupation: _____

Previous Occupation: (use separate sheet if necessary) _____

Length of Time Resident of Rhode Island?: _____ Of Newport? _____

Degrees in Criminal Justice Received from Accredited Colleges or Universities (and where)? _____

Length of Time & Description of Previous Experience/Training as an Investigator/Police Officer with a State, County, or Municipal Police Department/Investigative Agency of the Federal Government or any other Related Field: (use separate sheet if necessary)

Years & Description of Experience as a Private Detective: _____

Have you ever been convicted of a felony in any jurisdiction or any offense against the decency and morals of the community? NO YES If Yes, please explain: _____

Have you ever had a private detective/investigator's license revoked or any application for the same denied by any licensing authority? NO YES If Yes, provide details: _____

Signature of Applicant: _____

Sworn and subscribed to before me this ____ day of _____, 20____. _____ NOTARY PUBLIC

My Commission Expires _____

~~~~~ OFFICE USE ONLY ~~~~~

License Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Application Fee: \$ 50 Date Paid: \_\_\_\_\_

License Issued by: \_\_\_\_\_ Date Issued: \_\_\_\_\_

ACTION OF COUNCIL \_\_\_\_\_ ACTION DATE: \_\_\_\_\_