



The Commonwealth of Massachusetts
Department of State Police

Original Application for License as Private Investigator or Watch Guard

In accordance with the provisions of C. 147 of the General Laws, Sections 22 to 30, as amended by C. 684, acts of 1972 I, being a citizen of the United States, hereby make an application for a license to engage in and solicit business as a private detective or as a watch guard or patrol agency.

The application must be typed or neatly printed. All business names submitted are subject to the approval of the Department of State Police. The notarized application must be accompanied by a certified check or money order made payable to the Commonwealth of MA in the amount of \$550.00, an original \$5,000.00 surety bond, and the Certificate of Business or Corporate Structure (If business is to be conducted by a corporation, the personal history of the officer authorized to make application will suffice). The Release of Information form must also be signed and notarized. Your business/mailling address must be maintained in Massachusetts.

Applicant

Application Type (Private Investigator or Watch Guard/Patrol Agency)

Name		DOB	SSN
Height	Weight	Hair Color	Eye Color
Phone No.	Home Address		
Have you ever been employed as resident manager for any other security agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Name of Agency	
Have you held a Security license in this Commonwealth?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Name of Agency	
Have you held a Security license outside the Commonwealth?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Name of Agency	
Have you ever had a PI/WG license in any state revoked, suspended, or denied?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you resided in another state?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list State(s) Resided	
MA FID/LTC License No. (if applicable)		MA FID/LTC Exp. Date (if applicable)	
Have you ever had a FID/LTC revoked or suspended in any state?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Reason	
Have you ever been convicted with a felony in MA, any other state or a military tribunal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please enter charges below.	
Charge 1: Date	Charge	Court	Disposition
Charge 2: Date	Charge	Court	Disposition
Charge 3: Date	Charge	Court	Disposition

Business

Are you <u>replacing</u> a resident manager for an existing business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you applying to become resident manager for a <u>new</u> business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Name		Owner Name	
Business Address		Phone No.	Email

Signatures

I certify under the penalties of perjury that I have complied with all the laws of the Commonwealth relating to taxes (C. 62c, 49a).			
Applicant Signature		Date	
Signature of Individual Owner or Corporate Name		Corporate Officer (If Applicable)	
Social Security or Federal Identification No.		Commonwealth of Massachusetts	SS
On this _____ day of _____, personally appeared the above named applicant and made oath that the statements and answers contained in this application, whether in writing or print, are true.			
Before Me (Notary Public)		Commission Expired	