

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

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: \_\_\_\_\_