

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 #
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Date of Birth	Place of Birth (City & State)	Social Security #	Race	Sex	Height	Weight	Eyes	Hair
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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
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Home Phone #	Cell Phone #
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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 \_\_\_\_\_