

APPLICATION FOR SECURITY/PRIVATE INVESTIGATIVE REGISTRATION

**SOUTH CAROLINA LAW ENFORCEMENT DIVISION**

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

FILE # R \_\_\_\_\_

**NOTICE:** Application must be typed or clearly printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete and legible 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.

<p>THIS APPLICATION IS FOR EMPLOYEE REGISTRATION AS:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border-right: 1px solid black; vertical-align: top;">                 SECURITY/PRIVATE INV.   <input type="checkbox"/> NEW   <input type="checkbox"/> RE-REGISTERING             </td> <td style="width:50%; vertical-align: top;"> <b>SECURITY ONLY</b>   <input type="checkbox"/> ARMED   <input type="checkbox"/> UNARMED             </td> </tr> </table>	SECURITY/PRIVATE INV.  <input type="checkbox"/> NEW  <input type="checkbox"/> RE-REGISTERING	<b>SECURITY ONLY</b>  <input type="checkbox"/> ARMED  <input type="checkbox"/> UNARMED	AGENCY NAME: _____ CO. LICENSE #: _____ MAILING ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____ PHONE #: _____
SECURITY/PRIVATE INV.  <input type="checkbox"/> NEW  <input type="checkbox"/> RE-REGISTERING	<b>SECURITY ONLY</b>  <input type="checkbox"/> ARMED  <input type="checkbox"/> UNARMED		

**1. PERSONAL HISTORY**

Full Name (Last, First, Middle)	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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PLEASE NOTE: SOCIAL SECURITY NUMBER IS NECESSARY IN ORDER TO OBTAIN AN ACCURATE CRIMINAL HISTORY CHECK.

Are you a U.S. citizen?     Yes     No  
 NATURALIZATION NO: \_\_\_\_\_ PLACE: \_\_\_\_\_ COURT: \_\_\_\_\_

**2. RESIDENCES**

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

Home Phone #	Cell Phone #
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PRIOR Resident Address(s) - include the past 10 years (Street, City, State, Zip Code) – Use additional space on back, if required.	How Long?
1.	
2.	
3.	
4.	

Have you previously applied for a Security License with the S. C. Law Enforcement Division? <input type="checkbox"/> No <input type="checkbox"/> Yes    Date: _____ Place: _____	Do you currently hold a State Constable's Commission? <input type="checkbox"/> No <input type="checkbox"/> Yes    Date: _____
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**3. EMPLOYMENT**

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

Name, Address and Phone # of Employer	Date		Position and type of work	Name of Supervisor	Reason for Leaving
	From	To			
a.					
b.					
c.					
d.					

Do you currently hold any other position where you have direct or indirect access to criminal history information?     No     Yes

**4. MILITARY RECORDS**

Have you ever served on active duty in the Armed Forces of the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes    Highest Rank Obtained? _____	Branch of Military Service	Type of Discharge
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**5. CRIMINAL RECORD**

Have you ever been arrested or charged with any violations? ( ) 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). List all traffic citations, but do not include parking tickets.

Date	Place	Charge	Final Disposition	Details

**6. 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, epilepsy or diabetes? ( ) NO ( ) YES. If yes, identify, describe and give details below. If you are currently on medication for any of the above, or any other medical problems, please submit a statement from your physician.

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

\_\_\_\_\_  
Notary Public Of South Carolina

\_\_\_\_\_  
Signature of Applicant (Do not use nickname)

My Commission Expires: \_\_\_\_\_

Date: \_\_\_\_\_

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

INDIVIDUAL REGISTRATION

Contract/Proprietary Security Officer Unarmed (SNF) \$65.00 \_\_\_\_\_

Contract/Proprietary Security Officer Armed (SFA) \$110.00 \_\_\_\_\_

Temporary Officer (TEM) \$ 5.00 \_\_\_\_\_

Upgrade from Unarmed to Armed Officer (UGA) \$45.00 \_\_\_\_\_

Private Investigator (DET) \$350.00 \_\_\_\_\_

## **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.<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

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

<sup>3</sup> 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).