|  |  |  |
| --- | --- | --- |
| Full Name (Last, First, Middle)(Please Print)      | Date of Birth      | Place of Birth      |
| Complete Physical Address      | SSN      | Telephone #      |
| City or Town      | State      | Zip Code      | High School Graduate or High School Equivalency Yes [ ]  No [ ]  |
| Complete Mailing Address      | Citizen or Resident Alienof the United States Yes [ ]  No [ ]  |
| City or Town      | State      | Zip Code      | **FOR OFFICE USE ONLY**Case Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Eyes      | Height      | Weight      |
| Resident Alien Number      | Federal ID Number      |
| E-Mail Address:      | New | Renewal |

List Addresses for the Last 5 Years (If More Space is Needed use a Plain Sheet of Paper)

 Address Dates

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| --- | --- |
| Name of Company      | Name of DBA      |
| Company’s Physical Address      | DBA Physical Address      |
| City or Town      | State      | Zip Code      | City or Town      | State      | Zip Code      |
| Company’s Mailing Address      | DBA Mailing Address |
| City or Town      | State      | Zip Code      | City or Town      | State      | Zip Code      |
| Company’s Telephone Number | DBA Telephone Number |

List of Previous Issuances of a Contract Security Company License by any Issuing Authority

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List of Previous Refusals to Issue or Renew; Suspension or Revocations of any Contract Security Company License by any Issuing Authority

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CS – (5/09) **Initials: \_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Check Appropriate Box After Each Question |  |
| 1. Are you less than 18 years of age? | Yes [ ]  No [ ]  |
| 2. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a crime which is punishable by one year or more imprisonment or for any other crime alleged to have been committed by you with the use of a dangerous weapon, as defined in 17-A MRSA § 2(9), or of a firearm against another person? | Yes [ ]  No [ ]  |
| 3. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense which involves conduct which, if committed by an adult, would be punishable by one year or more imprisonment or for any juvenile offense alleged to have been committed by you with the use of a dangerous weapon, as defined in 17-A MRSA § 2(9), or of a firearm against another person? | Yes [ ]  No [ ]  |
| 4. Have you been convicted of a crime described in question 2 or adjudicated as having committed a juvenile offense as described in question 3? | Yes [ ]  No [ ]  |
| 5. Are you a fugitive from justice? | Yes [ ]  No [ ]  |
| 6. Are you a drug abuser [defined in 32 MSRA § 9403(3-E)] or drug addict [defined in 32 MSRA § 9403(3-C)] or drug dependent person [defined in 32 MSRA § 9403(3-D)]?NOTE: Definition of drug dependent person does not include a person who is able to function effectively as the result of taking prescription or other drugs, such as a diabetic who is able to function effectively as the result of taking insulin. | Yes [ ]  No [ ]  |
| 7. Do you have a mental disorder which causes you to be potentially dangerous to yourself or others? | Yes [ ]  No [ ]  |
| 8. Have you been adjudicated to be an incapacitated person [defined in 18-A MRSA § 5-101(1)] pursuant to Title 18-A, Article V, Parts 3 and 4, and not had that designation removed by an order under Title 18-A, Section 5-307, Subsection (b)? | Yes [ ]  No [ ]  |
| 9. Have you been dishonorably discharged from the military forces within the past 5 years? | Yes [ ]  No [ ]  |
| 10. Are you an illegal alien? | Yes [ ]  No [ ]  |
| 11. Is there a formal charging instrument now pending against you in this jurisdiction for any crime enumerated in section 9412? | Yes [ ]  No [ ]  |
| 12. Is there a formal charging instrument now pending against you in this jurisdiction for a juvenile offense which involves conduct which if committed by an adult, would be a crime enumerated in section 9412? | Yes [ ]  No [ ]  |
| 13. Have you within the past 5 years been convicted of a crime described in question 11 or adjudicated of having committed a juvenile offense described in question 12? | Yes [ ]  No [ ]  |
| 14. Within the past 5 years have you been the subject of an investigation by any law enforcement agency regarding the alleged abuse by you of family or household members? | Yes [ ]  No [ ]  |
| 15. Within the past 5 years have you been convicted of 3 or more crimes punishable by less than one year imprisonment? | Yes [ ]  No [ ]  |
| 16. Within the past 5 years have you been adjudicated to have committed 3 or more juvenile offenses involving conduct which if committed by an adult, would be punishable by less than one year imprisonment? | Yes [ ]  No [ ]  |
| 17. Within the past 5 years have you been adjudicated of 3 or more civil violation? | Yes [ ]  No [ ]  |
| 18. Within the past 5 years has your license as a contract security company been suspended pursuant to section 9411-A? | Yes [ ]  No [ ]  |
| 19. Within the past 5 years have you engaged in reckless or negligent conduct, as defined in 32 MSRA § 9403(8-A), which has been the subject of an investigation by a government entity? | Yes [ ]  No [ ]  |

**Initials: \_\_\_\_\_\_\_\_\_\_**

**BY AFFIXING YOU SIGNATURE BELOW AS THE APPLICANT YOU:**

A. Certify that the statements you have made in this application, including Addendum A, and any documents you have made a part of this application, are true and correct.

B. Certify that you understand that an affirmative answer to question 1, question 13, or any of the questions numbered 4 through 10 is cause for refusal.

C. Certify that you understand that any false statements made in either this application, including Addendum A, or any documents you have made part of this application may result in criminal prosecution as provided in section 9412, subsection 1, paragraph D.

D. Certify that you understand that at the request of the commissioner or his designee you are required and certify that you are willing to take whatever action is required of you by law to allow the commissioner or his designee to obtain from: hospitals and mental institutions either within or outside the State, limited to records of involuntary commitments; law enforcement agencies; and the military, information relevant to the following:

 1. The ascertainment of whether the information supplied in the application or any documents made a part of the application is true and correct;

 2. The ascertainment of whether each of the additional requirements of section 9405 has been met and

 3. Section 9411-A.

E. Certify that you understand that since a photograph is an integral part of the application process, you will submit a photograph of yourself taken within six months of the date of this application.

F. Certify that you understand that if it becomes necessary to resolve any questions as to your identity, you will submit to having your fingerprints taken by the commissioner or his designee.

G. Certify that you have received a copy of the pamphlet entitled “Laws Relating to Private Security Guards” dated May 2009, issued by the Bureau of Maine State Police.

**Under penalties of perjury, I certify that the statements in this written application and any documents made a part thereof are, to the best of my knowledge and belief, true, correct and complete.**

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Signature Date