

STATE OF MAINE DEPARTMENT OF PUBLIC SAFETY MAINE STATE POLICE

Division of Weapons and Professional Licensing 164 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0164 (207) 624-7210

Application for Contract Security Company License

Application Fee - New: \$121.00 (\$100.00 plus \$21.00 for Background Check) Upon Issuance of License \$300.00 Application Fee - Renewal: \$221.00 (\$200.00 plus \$21.00 for Background Check)

	Thecks 1	ayabie	to ir	easurer, Sta	ite of Maine	<i>)</i>			
Full Name (Last, First, Middle)(Please Print)				Date of Birth		Place of Birth			
Complete Physical Address			SSN			Telephone #			
City or Town		State	Zip Co	ode	High Schoo	l Equivalenc	y Yes [No	
								☐ No ☐	
City or Town		State	Zip Co	ode					
Height	Weight		'						
Fed	eral ID Nun	Number							
					New		Renewal		
	is Needed	l use a Pla	ain Shee	et of Paper)		Dates			
ridicis						Butes			
			N	Tame of DBA					
Name of Company Company's Physical Address			D	DBA Physical Address					
	T a	T		•			T =	T	
	State	Zip Cod	le C	ity or Town			State	Zip Code	
Company's Mailing Address				DBA Mailing Address					
	State	Zip Cod	e C	ity or Town			State	Zip Code	
Company's Telephone Number				DBA Telephone Number					
a Contract Security C	ompany L	icense by	any Iss	suing Authority					
Issue or Renew; Suspe	nsion or R	Revocation	ns of an	y Contract Secu	rity Company	License by an	y Issuing Au	ıthority	
	Height Years (If More Space Address a Contract Security C	Height Federal ID Nur Years (If More Space is Needed Address State State	Please Print) State Height Federal ID Number Years (If More Space is Needed use a Planddress State Zip Cod State Zip Cod State Zip Cod	Please Print) State Zip C Height Weight Federal ID Number Years (If More Space is Needed use a Plain Sheaddress No. 1 State Zip Code Company License by any Issue Contract Security Company License by any Issue Company License by Company License	Please Print) Date of Birth SSN State Zip Code Height Weight Federal ID Number	Please Print) State Zip Code High Schoo High Schoo Citizen or R of the Unite	State Zip Code High School Graduate of High School Equivalence	Date of Birth Place of Birth Place of Birth SSN Telephone #	

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 No				
	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 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 No				
	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)]? OTE: 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				
	Do you have a mental disorder which causes you to be potentially dangerous to yourself or ners?	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 No				
9.	Have you been dishonorably discharged from the military forces within the past 5 years?	Yes No No				
10	. Are you an illegal alien?	Yes No No				
	. 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 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 No				

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.

Signature	Date	