



STATE OF MAINE
MAINE STATE POLICE- WEPONS AND PROFESSIONAL LICENSING
 164 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0164
 (207) 624-7210

Application for Investigative Assistant License

Application Fee: \$221.00 (\$200.00 plus \$21.00 for Background Check) Upon Issuance of License \$400.00
(Make Checks Payable to Treasurer, State of Maine)

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 <input type="checkbox"/> No <input type="checkbox"/>
Complete Mailing Address			Citizen or Resident Alien of the United States Yes <input type="checkbox"/> No <input type="checkbox"/>		
City or Town		State	Zip Code		FOR OFFICE USE ONLY Case Number _____ Check Number _____ Check Amount _____
Eyes	Height	Weight			
E-mail Address:					

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

Address	Dates

Check Appropriate Box After Each Question

- Are you currently under indictment or information for a crime for which the penalty is imprisonment for in excess of one year? Yes No
- Have you ever been convicted of a crime for which the possible penalty exceeded one year in prison? Yes No
- Are you a fugitive from justice? Yes No
- Are you an unlawful user of or addicted to marijuana or any other drug? Yes No
- Have you been adjudged mentally defective or been committed to a mental institution within the past 5 years? Yes No
- Are you an illegal alien? Yes No
- Do you presently derive plenary or special law enforcement powers from the State or Maine or any political subdivision thereof? Yes No
- Have you been dishonorably discharged from military service? Yes No

By Affixing Your Signature Below as the Applicant You:

- Certify that information provided by you in this application is true and correct;
- Certify that you understand that an affirmative answer to any of the questions 1 through 8 is cause for refusal;
- Certify that you understand that any false statement in this application may result in prosecution as provided in section 8114;
- Give the Chief of the Maine State Police the authority to check the criminal records of any law enforcement agency;
- Agree to submit to have your fingerprints taken by the issuing authority if it becomes necessary to resolve any question as to your identity and
- Certify that you have received a copy of the booklet entitled *Laws Relating to Professional Investigators*, issued by the Bureau of Maine State Police.

State of Maine

_____, ss. Signature of Applicant _____

On this _____ day of _____, 20____ personally appeared the above-named applicant and made oath that the statements and answers contained in this application, whether in writing or print, are true.

Before me,

(Notary Seal)

CERTIFICATES

Certification required by each of three reputable citizens of the State of Maine.

I

I, _____, being at least eighteen years of age, a citizen of the State of Maine and a resident of _____, have personally known the applicant for at least three years and I do state on honor as follows:

- (1) I have known said applicant since _____
- (2) I have read the application of said applicant and believe each of the statements made therein to be true.
- (3) Said applicant to my knowledge is of good moral character, is honest, and is not related to be by blood or marriage.

(Signature) _____

Mailing Address) _____ (Zip Code) _____

(Occupation) _____

(Date of Birth) _____ (Telephone #) _____

II

I, _____, being at least eighteen years of age, a citizen of the State of Maine and a resident of _____, have personally known the applicant for at least three years and I do state on honor as follows:

- (4) I have known said applicant since _____
- (5) I have read the application of said applicant and believe each of the statements made therein to be true.
- (6) Said applicant to my knowledge is of good moral character, is honest, and is not related to be by blood or marriage.

(Signature) _____

Mailing Address) _____ (Zip Code) _____

(Occupation) _____

(Date of Birth) _____ (Telephone #) _____

III

I, _____, being at least eighteen years of age, a citizen of the State of Maine and a resident of _____, have personally known the applicant for at least three years and I do state on honor as follows:

- (7) I have known said applicant since _____
- (8) I have read the application of said applicant and believe each of the statements made therein to be true.
- (9) Said applicant to my knowledge is of good moral character, is honest, and is not related to be by blood or marriage.

(Signature) _____

Mailing Address) _____ (Zip Code) _____

(Occupation) _____

(Date of Birth) _____ (Telephone #) _____

Initials: _____

NOTE: This application and any supporting documentation are public records pursuant to 1 M.R.S. § 402(3), and, with the exception of portions identified as confidential by statute (e.g., social security numbers; mental health adjudications; college transcripts), may be disseminated in response to a request made pursuant to the Freedom of Access Act.