



STATE OF MAINE
MAINE STATE POLICE –WEAPONS AND PROFESSIONAL LICENSING
 164 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0164
 (207) 624-7216

Application for Professional Investigator License
Renewal Application

Application Fee: \$521.00 (\$500.00 plus \$21.00 for Background Check)
(Make Checks Payable to Treasurer, State of Maine)

Name: _____
 (Last Name) (First Name) (MI)

 (Birth, Alias or Other Name used)

FOR OFFICAL USE ONLY
Case Number: _____
Check Number: _____
Check Amount: _____
Date Issued/Denied: _____

Complete Physical Address: _____
 City: _____ State: _____ Zip: _____

Complete Mailing Address: _____
 City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone#: (_____)_____

Business Phone#: (_____)_____ Cell Phone#: (_____)_____

Eye Color: _____ Height: _____ Weight: _____

DOB: _____ Place of Birth: _____

SSN: _____ - _____ - _____

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.

The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S. §175 as authorized by the Tax Reform Act of 1976 (42USC, §405(c)(2)(C)(i) and for child support enforcement purposes pursuant to 42 USC §666(a)(13)(A) and 19-A M.R.S. §§2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It will be treated as confidential tax information pursuant to 36 M.R.S. §191 and confidential support enforcement information pursuant to 19-A M.R.S. §2152.

List all addresses since previous license was issued. (If more space is needed, use plain sheet of paper)

Address	Dates

Check appropriate box after each question:

1. Are you currently under indictment or information for a crime for which the possible penalty is imprisonment for a period equal to or exceeding one year? Yes No
2. Have you ever been convicted of a crime for which the possible penalty was imprisonment for a period equal to or exceeding one year? Yes No
3. Are you a fugitive from justice? Yes No
4. Are you an unlawful user of or addicted to marijuana or any other drug? Yes No
5. Have you been adjudged mentally defective or been committed to a mental institution within the past 5 years?
For the purposes of this question, "Adjudged mentally defective" or "committed to a mental institution" means:
 - a. Having been involuntarily admitted to a psychiatric hospital as defined in 34-B M.R.S. §3863. Yes No
 - b. Having been involuntarily committed to a psychiatric hospital as defined in 34-B M.R.S. § 3864.
 - c. Having been found to be not guilty by reason of insanity.
 - d. Having been found incompetent to stand trial.
 - e. Having been adjudicated in probate court as an "Incapacitated person" as defined in 18-A M.R.S. §5.
6. Are you an illegal alien? Yes No
7. Are you currently a Law Enforcement Officer in the State of Maine? Yes No
8. Have you been dishonorably discharged from military service? Yes No

By affixing your signature below as the Applicant, you:

- A. Certify that information provided by you in this application is true and correct;
- B. Certify that you understand that an affirmative answer to any of the questions 1 through 8 is cause for refusal;
- C. Certify that you understand that a false statement or material omission in this application and the documents submitted in support of this application may result in prosecution as pursuant to 32 M.R.S. § 8114; 17-A M.R.S. §§ 453, 702 or 703; or denial of licensure;
- D. Give the Chief of the Maine State Police the authority to check the criminal records of any law enforcement agency;
- E. 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
- F. 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)

I understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S. §453 (Class D)

Mail to: Department of Public Safety
Maine State Police
Weapons and Professional Licensing
164 State House Station
Augusta, ME 04333