Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ **FOR OFFICAL USE ONLY\_\_**

(Last Name) (First Name) (MI) Case Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Birth, Alias or Other Name used) Check Number:

Complete Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Amount:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued/Denied:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone#: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone#: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye Color: \_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_\_\_

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 for the last 5 years. (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:   1. Having been involuntarily committed to a psychiatric hospital as pursuant to 34-B M.R.S § 3864, or similar process in another jurisdiction; 2. Having been found not guilty by reason of insanity (not criminally responsible) by a court in a criminal case; 3. Having been found incompetent to stand trial by a court in a criminal case; OR 4. Having been adjudicated by a court to be lack the mental capacity to contract or manage one’s own affairs. Appointment of a guardian or conservator pursuant to 18-A M.R.S., Article 5 or similar process in another jurisdiction, unless the appointment has been terminated due to restoration of capacity, is such an adjudication. | Yes  No |
| 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 |
| 1. Are you a high school graduate or do you possess a high school equivalency? | Yes  No |
| 1. Are you a citizen or resident alien of the United States? | Yes  No |

**Experience – you must meet at least one of the following criteria:**

|  |  |
| --- | --- |
| 1. Have you successfully completed the investigative assistant sponsorship program outlined in 32 M.R.S. §8105(7-A)(A) and §8110-B? | Yes  No |
| 12. Have you been employed for a minimum of 3 years as a member of an investigative service of the United States or as a sworn member of a branch of the United States Armed Forces or a federal investigative agency?  [For purposes of this section, "a member of an investigative service of the United States" means a full-time federal investigator or detective of the United States Armed Forces.] | Yes  No |
| 13. Have you held for a period of not less than 3 years a valid professional investigator's license granted under the laws of another state or territory of the United States,  (a) If yes, were the requirements of the state or territory for a professional investigator's license, at the date of the licensing, substantially equivalent to Maine’s requirements?  (b) If yes, does the other state or territory grants similar reciprocity to license holders in this State?  14. Have you been employed for a minimum of three years as a law enforcement officer of a state or political subdivision of a state and met the training requirements set forth in 25 M.R.S. §2804-C, or are you qualified to receive a waiver from those requirements? | Yes  No  Yes  No  Yes  No  Yes  No |
| 15. Do you possess a minimum of 6 years preparation consisting of a combination of “a” and “b”: |  |
| a. Work experience, including at least 2 years in a nonclerical occupation related to law or the criminal justice system. | Yes  No |
| b. Educational experience: [one of the following] |  |
| (1) Sixty academic credits of postsecondary education in a field of study in police administration, security management, investigation, law, criminal justice or computer forensics or other similar course of study acceptable to the chief that was acquired at an accredited junior college, college or university. | Yes  No |
| (2) An associate degree acquired at an accredited junior college, college, university or technical college in police administration, security management, investigation, law, criminal justice or computer forensics or other similar course of study acceptable to the chief. | Yes  No |
| (3) An associate degree in any related studies that are acceptable to the chief. | Yes  No |
|  |  |
| **If you answered “Yes” to questions 9, 10, 11, 12, 13, 14 or 15; please attach verification documentation.**  *The documentation for education shall include date graduated, name of the school/institution, location and type of degree. Course work submitted for approval by the Chief as a similar course of study must include a transcript of courses.*  *The documentation for investigative assistant sponsorship program shall include name of supervising Professional Investigator, hours completed and dates.*  *The documentation for law enforcement certification shall include academy graduation certificate, location of academy and transcript of courses taken for certificate.*  *The documentation for other state or territory Professional Investigator experience shall include a copy of the license(s) and the statutory and regulatory criteria for licensing from that state or territory.*  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).

**Certifications in support of Applicant**

Certification required by three reputable citizens of the State **of Maine**

**I**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being at least eighteen years of age, a citizen of the State and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have personally known the applicant for at least three years and I swear or affirm:

1. I have known the applicant since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I have read the application of the applicant and believe each of the statements made therein to be true.
3. The applicant to my knowledge is of good moral character, is honest, and is not related to me by blood or marriage.
4. I reside in the community where the applicant lives, has a place of business, or proposes to conduct a professional investigation business.
5. I am a resident of the State of Maine.

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 crime, and may be prosecuted as, among other crimes, unsworn falsification pursuant to 17-A M.R.S. §453 (Class D).

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being at least eighteen years of age, a citizen of the State and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have personally known the applicant for at least three years and I swear or affirm:

1. I have known the applicant since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I have read the application of the applicant and believe each of the statements made therein to be true.
3. The applicant to my knowledge is of good moral character, is honest, and is not related to me by blood or marriage.
4. I reside in the community where the applicant lives, has a place of business, or proposes to conduct a professional investigation business.
5. I am a resident of the State of Maine.

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 crime, and may be prosecuted as, among other crimes, unsworn falsification pursuant to 17-A M.R.S. §453 (Class D).

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### III

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being at least eighteen years of age, a citizen of the State and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have personally known the applicant for at least three years and I swear or affirm:

1. (I have known the applicant since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I have read the application of the applicant and believe each of the statements made therein to be true.
3. The applicant to my knowledge is of good moral character, is honest, and is not related to me by blood or marriage.
4. I reside in the community where the applicant lives, has a place of business, or proposes to conduct a professional investigation business.
5. I am a resident of the State of Maine.

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 crime, and may be prosecuted as, among other crimes, unsworn falsification pursuant to 17-A M.R.S. § 453 (Class D).

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return completed application to:**

Department of Public Safety

Maine State Police

Special Investigations Unit

164 State House Station

Augusta, Maine 04333-0164

*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.*