

APPLICATION FOR SECURITY/PRIVATE INVESTIGATIVE REGISTRATION

SOUTH CAROLINA LAW ENFORCEMENT DIVISIONPost Office Box 21398
Columbia, SC 29221-1398

ATTN: PUBLIC DISSEMINATION

FILE # R _____

NOTICE: Application must be typed or clearly printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete and legible will be returned. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as the application, and number answers to correspond with the questions.

THIS APPLICATION IS FOR EMPLOYEE REGISTRATION AS:

SECURITY/PRIVATE INV.

SECURITY ONLY

() NEW

() ARMED

() RE-REGISTERING

() UNARMED

AGENCY NAME: _____

CO. LICENSE #: _____

MAILING ADDRESS: _____

CITY/STATE: _____

ZIP CODE: _____ PHONE #: _____

1. PERSONAL HISTORY

Full Name (Last, First, Middle)

Driver's License #

Date of Birth

Place of Birth (City & State)

Social Security #

Race

Sex

Height

Weight

Eyes

Hair

PLEASE NOTE: SOCIAL SECURITY NUMBER IS NECESSARY IN ORDER TO OBTAIN AN ACCURATE CRIMINAL HISTORY CHECK.

Are you a U.S. citizen? () Yes () No

NATURALIZATION NO: _____ PLACE: _____ COURT: _____

2. RESIDENCES

Present Residence Address (Street, City, State, Zip Code)

Home Phone #

Cell Phone #

PRIOR Resident Address(s) - include the past 10 years (Street, City, State, Zip Code) - Use additional space on back, if required.

How Long?

1.

2.

3.

4.

Have you previously applied for a Security License with the S. C. Law Enforcement Division?

Do you currently hold a State Constable's Commission?

() No () Yes Date: _____ Place: _____

() No () Yes Date: _____

3. EMPLOYMENT

List chronologically all employments for the past 10 years, including summer and part-time employments while attending school. All time must be accounted for. If unemployed for a period indicate, setting forth dates of unemployment. (If space provided is insufficient, continue on a separate page.)

Name, Address and Phone # of Employer	Date		Position and type of work	Name of Supervisor	Reason for Leaving
	From	To			
a.					
b.					
c.					
d.					

Do you currently hold any other position where you have direct or indirect access to criminal history information? () No () Yes

4. MILITARY RECORDS

Have you ever served on active duty in the Armed Forces of the United States?

Branch of Military Service

Type of Discharge

() No () Yes Highest Rank Obtained? _____