ROBERT B. EVNEN Secretary of State 402-471-8606



1201 N. St., Suite 120 Lincoln, NE 68508 sos.licensing@nebraska.gov

<u>APPLICATION FOR PLAIN CLOTHES INVESTIGATOR LICENSE</u>

Full Name of Applicant:		
Residence Address:	<u>Phone</u>	Number:
Date of Birth	Place of Birth:	<u>Age:</u>
Name of Employing Agency:		
<u></u>		Number:
	ganizations where you have been employed or voc	cation.
Nature of Business:	Position Held:	From to
Employer:	Address:	
Employer Contact Person:	Phone Number:	
Nature of Business:	Position Held:	From to
Employer:	Address:	
Employer Contact Person:	Phone Number:	
Nature of Business:	Position Held:	From to
Employer:	Address:	
Employer Contact Person:		
State at least four (4) individuals	s who can be contacted as personal references corese individuals cannot be related to you.	
Name:	Occupation:	
Residence Address:	Phone Numb	ner:

Business Address:	Phone Number:		
Name:	Occupation:		
Residence Address:	Phone Number:		
Business Address:	Phone Number:		
Name:	Occupation:		
Residence Address:	Phone Number:		
Business Address:	Phone Number:		
Name:	Occupation:		
Residence Address:	Phone Number:		
Business Address:	Phone Number:		
ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS. 1. Have you completed an associate or baccalaureate degree program in Criminal Justice or a closely related field? (If so, please list the name of the school and the date of the diploma or degree was awarded on a separate sheet.)			
2. Have you ever been engaged in any kind of police or detective work, puplease explain on a separate sheet.)	uone or private? (II so,	☐ YES	∐ NO
3. Have you ever been licensed in any other state as a private detective or plain clothes investigator? (If so, please provide where and when on a separate sheet.)			□ NO
4. Has you application for a license as a private detective or plain clothes investigator ever been rejected in any other state? (If so, explain fully, giving exact dates, places, parties involved and full details of rejection on a separate sheet.)		☐ YES	□ NO
5. Has your license as a private detective or plain clothes investigator ever suspended in any other state? (If so, explain fully, giving exact dates, involved and full details of revocation or suspension on a separate state.)	places parties	☐ YES	□ NO
6. Have you ever been convicted of any criminal offense, or is there any criminal charges now pending against you (other than minor traffic violations)? (If yes, explain fully giving exact dates, places, persons, and full details of such charges or convictions on a separate sheet.)			
7. Have you read and do you understand the provisions of Nebraska Statu 71-3213, revised RRS Nebr. 1943, Reissue 2009 (Nebraska Private Det	is on a separate sheet.)		

8. Do you understand that if you change Private Detect	tive agency employers, that you must YES NO
immediately return your pocket card to the Secretary	<i>U</i>
$\Delta_{ m I}$	oplicant's Consent
	a Nebraska Plain Clothes Investigator License. I hereby consent that these the State of Nebraska; or in any court in Nebraska where a violation of Sections 71- presentations made by me in order to procure a License.
I also expressly agree that the Secretary of State of the State of N trustworthiness and competency to act as a Plain-clothes Investig	lebraska reserves the right to go outside this application for information as to my gator in the State of Nebraska.
and reviewing the Nebraska and FBI national criminal history re national criminal history record that may pertain to me directly f	ngerprints and this form to the Nebraska State Patrol for the purpose of accessing cords that may pertain to me. I understand that I would be able to receive any from the FBI, pursuant to 28 CFR Sections $16.30-16.34$ m and that I could then gning this application, it is my intent to authorize the dissemination of any national f State with which I am seeking a license
Respectfully Submitted,	
Signature of Applicant	Date
•••••	<u>Affidavit</u>
STATE OF)	
) ss. COUNTY OF)	
I,, being first duly sworn prepared or directed my employer to prepare the foregoing belief.	on oath, say that I am the above-named applicant, that I have personally application, and that the same is true to the best of my knowledge and
	Signature of Applicant
Subscribed and sworn before me this day	of, 20
	Signature of Officer Administering Oath
[stamp or seal]	My Commission expires, 20