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



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

APPLICATION FOR PRIVATE DETECTIVE LICENSE

Full Name of Applicant:		
Residence Address:	Phone Number:	
	Place of Birth:	<u>Age:</u>
Name of Private Detective Business:		
	Email Address:	
	zations where you have been employed or vocati	on.
Nature of Business:	Position Held:	From to
Employer:	Address:	
Employer Contact Person:	Phone Number:	
Nature of Business: Employer:	Position Held: Address:	From to
	Phone Number:	
	Position Held:	
Employer: Employer Contact Person:	Phone Number:	
Employer Condict Person.	<u>r none reamour.</u>	
	no can be contacted as personal references conce individuals cannot be related to you.	rning your reputation for
Name:	Occupation:	
Residence Address:	Phone Number:	
Business Address:	Phone Number:	

Name:	Occupation:		
Residence Address:	<u>Phone Number</u> :		
Business Address:	Phone Number:		
Name:	Occupation:		
Residence Address:	<u>Phone Number:</u>		
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, public or private? (If so, YES NO			
please explain on a separate sheet.) 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.)			
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.)			
5. Has your license as a private detective or plain clothes investigator ever been revoked or suspended in any other state? (If so, explain fully, giving exact dates, places parties involved and full details of revocation or suspension on a separate sheet.)		□ 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.)		YES	□ NO
7. Have you read and do you understand the provisions of Nebraska Statutes	on a separate sneet.)		

Applicant's Consent

The foregoing statements are made for the purpose of procuring a Nebraska Private Detective License. I hereby consent that these statements may be used as evidence by the Secretary of State of the State of Nebraska; or in any court in Nebraska where a violation of Sections 71-3201 through 71-3213 is claimed and that the application and representations made by me in order to procure a License.

I also expressly agree that the Secretary of State of the State of Nebraska reserves the right to go outside this application for information as to my trustworthiness and competency to act as a Private Detective in the State of Nebraska.

I hereby authorize the Secretary of State to submit a set of my fingerprints and this form to the Nebraska State Patrol for the purpose of accessing and reviewing the Nebraska and FBI national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30 - 16.34 m and that I could then freely disclose any such information to whomever I chose. By signing this application, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Secretary of State with which I am seeking a license

Respectfully Submitted,	
Signature of Applicant	Date
	<u>Affidavit</u>
STATE OF)	
COUNTY OF) ss.	
I,, being first duly sworn on prepared or directed my employer to prepare the foregoing applebelief.	oath, say that I am the above-named applicant, that I have personally plication, and that the same is true to the best of my knowledge and
	Signature of Applicant
Subscribed and sworn before me this day of	
	Signature of Officer Administering Oath
[stamp or seal]	My Commission expires