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 AGENCY LICENSE

Full Name of Licensee: _____

Business Address: _____

Email: _____ Phone Number: _____

Qualifying Agent: _____ Agent's Position: _____

Officers/Members/Managers

Name	Role	Address	City	State	ZIP
Name	Role	Address	City	State	ZIP
Name	Role	Address	City	State	ZIP
Name	Role	Address	City	State	ZIP

**Include additional names on an additional piece of paper and attach to the application. **

Applicant's Consent

The foregoing statements are made for the purpose of procuring a Nebraska Private Detective Agency 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 Agency 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 – 16.34m 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

Affidavit

STATE OF _____)
) ss.
COUNTY OF _____)

I,_____, being first duly sworn on oath, say that I am the above-named individual applying on behalf of the Licensee, that I am authorized to file this application on behalf of the Licensee, I have personally prepared it, and that the same is true to the best of my knowledge and belief.

_____
Signature of Authorized Person

Subscribed and sworn before me this _____ day of _____, 20____.

_____
Signature of Officer Administering Oath

My Commission expires _____, 20_____.

[stamp or seal]