

State of Connecticut
 Department of Emergency Services and Public Protection
 Division of State Police
 Special Licensing and Firearms Unit

APPLICATION FOR LICENSE AS PROFESSIONAL BONDSMAN

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|--|---|-------------------------------|-------------------------|-----------------|--|-------------------|--|
| <p style="text-align: center;">INSTRUCTIONS TO APPLICANTS</p> <ol style="list-style-type: none"> 1. Complete by printing or typing in all entries, using black ink only. 2. If a "Yes" is checked use plain 8 1/2 x 11 paper for additional space. 3. Include a \$ 200.00 certified check or money order for Bondsman license, made payable to Treasurer, State of Connecticut. 4. Include 2 X 2 full face color passport type photo with blue background | <p>For Office use only:</p> <p>Date of Application: ___/___/___</p> <p>License #: _____</p> | | | | | | |
| Name of Applicant: | | | | | | | |
| Last Name | First Name | MI | | | | | |
| List all other names by which you have been known (Maiden Name, Aliases, Nicknames, etc.): | | | | | | | |
| Residential Address (Do not use a P.O. Box Number): | | | | | | | |
| Number | Street | City/Town | State | ZIP Code | | | |
| Bondsman Business Name (If any) | | | Business Phone # | | | | |
| Business Address Mandatory (for public information use, P.O. Box number acceptable) | | | | | | | |
| Number | Street | City/Town | State | ZIP Code | | | |
| Date of Birth | Race | Sex | Height | Weight | Hair Color | Eyes Color | Home Telephone () |
| Place of Birth (City/Town/Country) | | Social Security Number | | | Operator License Number/Issuing State | | |
| CITIZENSHIP | | | | | | | |
| Are you a citizen of the United States? (If Naturalized, state when and where): | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| MEDICAL HISTORY | | | | | | | |
| Have you ever been committed to or confined in a Hospital for a Mental Illness? (If Yes, explain): | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you ever received care or treatment for any mental, psychiatric, psychological illness or disorder? (If Yes, explain): | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you been discharged from custody, within the past twenty (20) years, after having been found not guilty of a crime by reason of mental disease or defect ? (If Yes, explain): | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| EMPLOYMENT HISTORY | | | | | | | |
| Provide the following information about your present employer: (If you are not employed, provide information of your most recent employer) | | | | | | | |
| Company Name | Address (Street, City, State, ZIP Code) | | | Supervisor Name | | Telephone No. | |
| Are you retired or separated from a Local or State Police Department? (If Yes, a letter of discharge from the employer describing the length of service, duties and date of retirement or separation must be attached) | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you currently applying or interviewing for a Federal, State or Local Police Department. (If yes, whom and where) | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you presently vested with Police Powers? | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| MILITARY SERVICE | | | | | | | |
| Were you ever discharged from the Armed Forces of the United States with a less than Honorable Discharge? Yes, explain. If you performed military service attach a copy of your Form DD-214 or NGB-22 must be attached | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

CRIMINAL ACTIVITY HISTORY

Have you ever been convicted in any court of any crime?

YES NO

(If Yes, list all convictions, including all charges, locations, dates of arrests and dispositions using additional sheets of paper if additional space is required):

Have you ever been arrested for any incident that involved violence, moral turpitude, or for use, Sale, or Possession of Illegal Drugs or Narcotics, or Driving While Under the Influence of Alcohol and/or Drugs?

YES NO

(If Yes, list all convictions, charges, locations, dates of arrests and dispositions using additional sheets of paper if additional space is required)

Are you currently on Probation, Parole, a Work Release Program, In an Alcohol and/or Drug Rehabilitation Program or Currently Released on Personal Recognizance (WPTA) or Bond for a Pending Court Case?

YES NO

(If Yes, explain):

Are you now the subject of a Restraining Order, or Protective Order issued by a court, in a case involving the use attempted use or Threatened use of Physical Force Against Another Person?(If Yes, explain)

YES NO

MOTOR VEHICLE HISTORY

Have you ever been arrested or issued an infraction complaint or summons for a motor vehicle charge? (If Yes, explain list all arrest) YES NO

With regard to criminal history information arising from the State of Connecticut's jurisdiction: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes sections 46b-146, 54-76o or 54-142a. With regard to criminal history information arising from jurisdictions other than the State of Connecticut: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to the law of the other jurisdiction. Additionally, you are not required to disclose the existence of an arrest arising from another jurisdiction if you are permitted under the law of the other jurisdiction to swear under oath that you have never been arrested.

EDUCATION

List the highest-level Certificate, Diploma or Degree Received. i.e., High School, G.E.D., B. A., etc.

(Attach a copy of transcripts, diplomas, or certificates claimed)

Within the past five years you shall have successfully completed a Criminal Justice Program Courses consisting of not less than 20 semester hours of studies related to the use of force, arrest, search and seizure and constitutional law? (If Yes, attach supporting documentation)

YES NO

List any other training appropriate for this application (Attach separate sheet of paper as necessary)

LICENSE AND PERMIT INFORMATION

Do you have a Bondsman, Private Detective, or Security license? If Yes, # _____

YES NO

Do you have a Conn. State Pistol Permit? If Yes, # _____

YES NO

Do you have a Conn. Security Officer's Firearms Permit "Blue Card"? If Yes, # _____

YES NO

Do you intend to apply for a Bail Enforcement Agent Firearms Permit? If yes, # _____

YES NO

Have you ever had any of your licenses or permits denied, suspended or revoked?

YES NO

(If Yes, explain details on an attached sheet of paper)

Must have a sound financial history with sufficient assets of \$15,000 minimum to be approved.

I THE SIGNER OF THE FOREGOING APPLICATION AND THE ATTACHED FINANCIAL STATEMENT, UNDERSTANDS, UNDER THE PENALTIES OF GIVING A FALSE STATEMENT TO A POLICE OFFICER, THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND CORRECT. I ALSO UNDERSTAND THAT FALSE STATEMENTS CONTAINED IN THIS APPLICATION ARE GROUNDS FOR THIS APPLICATION NOT TO BE APPROVED AND FOR THE LICENSE APPLIED FOR NOT TO BE ISSUED. MY SIGNATURE BELOW ATTESTS TO THE ACCURACY OF ALL MY ANSWERS AND TO THE TRUTH OF ALL OF THE INFORMATION INCLUDED IN THIS APPLICATION.

Signature of Applicant: _____ Date signed: ____/____/____

The signer of the foregoing application personally appeared before me and made oath to the truth of the matters contained herein; this _____ day of _____, 20 _____

Notary Public, Justice of the Peace, Commissioner of Superior Court

My commission expires: _____