

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR COMPLETING PRIVATE DETECTIVE APPLICATION FORM

To be licensed and to perform private detective services as defined in Wis. Admin. Code § SPS 30.02(12)(1), an applicant must be licensed under an existing licensed private detective agency or may apply for their own private detective agency license. If a person operates a private detective agency and conducts private investigations, both the individual and the agency (whether a corporation, partnership, limited liability company, or a sole proprietorship) must be licensed.

No person may act as a private detective until the proper license has been issued by this Department. Failure to comply is in violation of Wis. Stats. § 440.26(8) and is subject to penalties. The private detective license will not be issued until the criminal records search results and all requested application materials have been received.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Private Detective License (Form #469)** – Submit a complete application and attach the appropriate fee.
An individual applying for both a private detective and a private detective agency license must complete the employer portion of the Application for Private Detective License (**Form #469**) as if the agency were already licensed, leaving the license number blank. The Department will fill in the license number.
2. **Fingerprints** – All applicants must submit their fingerprints electronically for a background check. For any Wisconsin resident or out of state applicant, schedule an appointment with the Department’s approved vendor, Fieldprint, by visiting their web site at: <http://www.FieldprintWisconsin.com/>. Use the Fieldprint code “**FPWISecurity**” when prompted. The cost for the digital fingerprints will be \$34.75 and is expected at the time of reservation. You should plan to arrive at the test center 15 minutes before the scheduled start time of the appointment for check-in. **You must submit your application to the Department within 14 days after submission of fingerprints.**
3. **Authorization for Release of FBI Information (Form #2687)** - Provisions set forth in Title 28, Code of Federal Regulations (**CFR**) Section 16.34, require us to notify you that your fingerprints may be used to check the criminal history records with the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related Agency, or other authorized entity. The Department of Safety and Professional Services does not deny a license based on the information in the record itself, but does require the submittal of a certified copy of the criminal complaint and judgment of conviction in any matter which would appear to be cause for denial of a license.
4. **Convictions and Pending Charges (Form #2252)** - All applicants will be required to answer questions on the application form about convictions of any crime, other violations and pending charges in Wisconsin or any other state. The Department will obtain a state and federal criminal records search on all applicants. If any applicant was **ever** convicted of a felony in Wisconsin or any other state and not pardoned, the applicant’s application will be denied. There are no exceptions.

If an applicant has been convicted of one or more misdemeanor or other violations or has pending charges, and if the Department determines that the crimes or violations are substantially related to the practice of a private detective, the Department will not grant a license until it has received sufficient information to determine whether the license should be granted, denied or limited. It is the responsibility of the applicant to provide complete information to the Department. Applications are deemed complete after submission of all relevant background information by the applicant. A certified copy of the police report, criminal complaint, and judgment of conviction is required for each conviction.
5. **Employment Requirement** - Every private detective applicant is required to be employed by a private detective agency licensed in Wisconsin. An authorized representative of your employing agency must complete Page 3 of the application. If an applicant wishes to work for him or herself, a private detective agency license must be obtained by completing and submitting the Application for Private Detective Agency (**Form #456**) with the appropriate fee and required documentation.
6. **General Liability Insurance Policy or Bond** - A private detective must either be covered by a comprehensive general liability insurance policy maintained by the private detective agency or be bonded for \$2,000. Enclose a copy of the certificate of liability insurance with the Statement Concerning Liability Insurance (**Form #1482**) or the Bond of Private Detective or Private Detective Agency (**Form #1483**). The Department is not able to issue a license until it has verified that you are covered by your employing agency’s liability policy or you have received a bond.
7. **State Examination** - The state licensing exam is available online from a home, work, or public computer. Directions for accessing the exam will be emailed to you upon receipt and processing of your application. Please ensure you provide a current email address on Page 1.

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APPLICATION FOR PRIVATE DETECTIVE LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

**PLEASE TYPE OR PRINT
 IN INK**

Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/>
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Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/>
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Social Security # <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

Have you ever been licensed in Wisconsin as a Private Detective? Yes No If yes, list your credential number:

Email Address

List all names you have ever used (e.g., legal name change, maiden name, and alias) including any names under which you have been arrested.

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Initial Credential Fee**
 \$ 75.00 Credential Fee
 \$127.00 State Law Exam Fee
\$202.00 Total Fee Attached
- Reinstatement Fee for license expired over 5 years** (credential expired more than five (5) years)
 \$107.00 Reinstatement Credential Fee
 \$ 25.00 Renewal Late Fee
 \$127.00 State Law Exam Fee
\$259.00 Total Fee Attached

For Receiving Use Only (63)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application (**Form #469**) and appropriate fee
- Have digital fingerprints taken by Fieldprint
- Convictions and Pending Charges (**Form #2252**), if applicable
- Authorization for Release of FBI Information (**Form #2687**)
- Submit proof of general liability insurance or bond

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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TO BE COMPLETED BY AGENCY EMPLOYER:

Name of Employing Agency Exactly as it Appears on Agency License

Business Address of Employing Agency's Office (street, city, state, zip)

License # of Employing Agency:

Contact Office Telephone Number:

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Ext.

Applicant Name:

Applicant's Hire Date:

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I CERTIFY that the agency identified above will employ and will assume responsibility for the private detective applicant pursuant to the Department rules. I also certify that the private detective, as required by Wis. Stats. § 440.26(4):

- is covered by our agency liability policy,
- is not covered by our agency liability policy.
- is covered by a \$2,000 bond in addition to agency's \$100,000 bond **(Please attach Bond of Private Detective or Private Detective Agency to this application.)**

Signature of Authorized Agency Representative

 / /

Print or Type Name of Person Signing Above

Date

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

My fingerprints have been submitted to Fieldprint on / / .

This application must be submitted to the Department within 14 days after submission of your fingerprints.

Signature: Date: / / .