

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
 Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 4822 Madison Yards Way  
 Madison, WI 53705  
**E-Mail:** [dspd@wisconsin.gov](mailto:dspd@wisconsin.gov)  
**Website:** <http://dspd.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### NOTICE OF EMPLOYMENT OR TRANSFER OF PRIVATE DETECTIVE LICENSE

**IMPORTANT:** You must either be covered by your employer's liability policy or you must obtain your own \$2,000 bond. Do not mail this form until you are covered either by bond or by insurance. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or [DSPSCREDSecurity@wisconsin.gov](mailto:DSPSCREDSecurity@wisconsin.gov).

<b>Last Name</b> <input style="width:95%;" type="text"/>	<b>First Name</b> <input style="width:95%;" type="text"/>	<b>MI</b> <input style="width:95%;" type="text"/>	<b>Former / Maiden Name(s)</b> <input style="width:95%;" type="text"/>
<b>Address</b> (street, city, state, zip) <input style="width:95%;" type="text"/>		<b>Daytime Telephone Number</b> <input style="width:95%;" type="text"/>	
<b>Date of Birth</b> <input style="width:95%;" type="text"/>	<b>License Number</b> <input style="width:95%;" type="text"/>	<b>Do you currently hold a Firearms Permit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>List all Current Employers:</b> <input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/>			
<b>Reason for completing this form:</b> (check <u>one</u> box) <input type="checkbox"/> I am transferring to the Private Detective/Security Agency listed on page 2 from employment at: <input style="width:95%;" type="text"/> <input type="checkbox"/> I am returning to work for the Private Detective/Security Agency listed on page 2. <input type="checkbox"/> I will work for more than one Agency and the Agency listed on page 2 is in addition to the Agency the Department currently has on record. I do solemnly swear that the foregoing statements are true and correct. If it is necessary for me to carry a firearm or other dangerous weapon while on duty, I will secure permission to do so, as required by law, and file a "Firearm Certification of Proficiency" ( <b>Form #467</b> ), in the use of such weapon with the Department of Safety and Professional Services. I understand that failure to comply with the Wisconsin Statutes and the rules of the Department may result in disciplinary action against my license.  <input style="width:95%;" type="text"/>			
<b>Applicant Signature (Print and Sign Form)</b> <input style="width:95%;" type="text"/>		<b>Date</b> <input style="width:95%;" type="text"/>	

**APPLICATION FEES:** Make check payable to DSPS and attach to this application.

\$10.00 Transfer/Employment Fee

**For Receiving Use Only (63)**

# Wisconsin Department of Safety and Professional Services

## TO BE COMPLETED BY PRIVATE DETECTIVE/SECURITY AGENCY:

Name of Employing Agency: (exact name as it appears on the Agency's license)

License Number of Employing Agency:

Main Office Telephone Number

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Main Office Address of the Employing Agency: (street, city, state, zip)

This statement must be signed by the sponsoring sole proprietor owner of the agency, or by the officer or partner of a corporation or partnership who has been designated as the principal.

This is to certify I will assume responsibility for the Private Detective applicant pursuant to the Department rules. I also certify that the Private Detective is covered by one of the following, as required by Wis. Stat. § 440.26(4):

- Agency's liability policy.
- Applicant's firearms permit, which is covered by our insurance policy.
- A \$2,000 bond, which specifically covers the applicant.

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Signature of Agency Sole Proprietor, Officer, or Partner (Print and Sign Form)

Date

Print Name of Person Signing above