

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](https://license.wi.gov)  
Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### PRIVATE DETECTIVE/SECURITY AGENCY LICENSE APPLICATION INFORMATION

**Note: Both Private Security Agencies and Private Detective Agencies are statutorily licensed as a “Private Detective Agency.”**

If your Agency provides private detective services as defined in [Wis. Admin. Code § 30.02\(12\)\(a\)](#), you and anyone you employ who will be providing private detective services must be individually licensed as a Private Detective before performing those services. **Individuals working as uniformed Private Security persons as defined in [Wis. Admin. Code § 30.02\(13\)\(a\)](#) must obtain a Private Security Permit from the Department.**

No person may advertise, solicit, or engage in the business of operating a Private Detective Agency or act as a supplier of Private Security personnel until the proper license has been issued by the Department. Failure to comply is in violation of [Wis. Admin. Code § 440.26\(8\)](#) and is subject to penalties.

Owners, Partners, Corporate Officers, or Members of a Limited Liability Company are not required to obtain a Private Detective license if they do not engage in private detective activities, nor are they required to obtain a Private Security Permit if they do not personally function as a Private Security Person.

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

Application for Private Detective Agency Licensure and Credential Fee - Apply and pay \$8.00 credential fee online via LicensE, [https://license.wi.gov/](https://license.wi.gov). If your credential has been expired more than five years, a \$25.00 late renewal fee is also required.

Each Sole Proprietor Owner, Partner, Corporate Officer, Member of an LLC, or Foreign Corporation/Registered Agent listed in this application must complete [Form 3039](#) and have their fingerprints taken by the Department’s vendor, Fieldprint. (See [Form 2687](#).)

- a) Questions about convictions of any crime, other violations, and pending charges in Wisconsin or any other state are contained in the application. The Department will perform 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 (1) or more misdemeanors 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 applicant’s responsibility to provide complete information to the Department. Applications are considered complete after the Department receives all relevant background information by the applicant.

- b) **Submit 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. **All applicants must attach a recent photograph (head and shoulders only) to Form 2687.**
- c) **Submit fingerprints electronically for background check** - All applicants must submit their fingerprints electronically for a background check. The Department will contact you with details after the application and Form 2687 are received.

**Approval, Certificate of Authority, or Certification of Registration from DFI-** Attach a copy of the Approval, Certificate of Authority, or Certificate of Registration to do business in Wisconsin from the Wisconsin Department of Financial Institutions (DFI), Corporation Division that can be reached via phone at (608) 261-7577. **Only LLCs, LLPs, Corporations, and Foreign Corporations must meet this requirement.**

**Firearms Policy-** If you require employees to carry a firearm you will need to include a copy of the Agency’s firearms policy concerning the use, care, and storage of firearms. In addition, the agency may not use a bond and the liability insurance must cover firearms.

# Wisconsin Department of Safety and Professional Services

- Liability Insurance or Bond** - Private Security Agencies are required by [Wis. Stat. § 440.26\(4\)](#) to obtain a liability policy or bond in the amount of \$100,000 that must be maintained and reported annually as noted below during the period that the license is in effect. If your agency requires its employees to have firearms, the agency may not use a bond and the liability insurance must cover firearms. The comprehensive general liability policy must also include coverage for bodily injury liability, property damage, and personal injury. If your Agency is covered by a bond instead of liability insurance, each Private Detective your Agency employs will be required to obtain a \$2,000 bond as well.
- Certificate of Liability Insurance** - This form must be completed by your insurer proving that you have the required liability coverage of \$100,000 provided through an authorized insurer. If your coverage is not through an authorized insurer, a cut-through endorsement will be required. Your insurer needs to verify that your coverage is afforded through an authorized provider by checking the website of the Office of the Commissioner of Insurance at <https://sbs.naic.org/solar-external-lookup/> **before** submitting to the DSPS to ensure a cut-through endorsement is included if necessary.
1. The comprehensive general liability policy must include:
    - Coverage for bodily injury liability, property damage, and personal injury;
    - Coverage for all licensed Private Detectives and Private Security Personnel employed by the Agency; and
    - Coverage for injury or damage resulting from the use of firearms, if the Agency permits anyone associated with it to carry a firearm in the course of duty.
  2. The **Name of Insured** must be exactly the name under which you applied to the Department to license your Agency.
  3. The **Name and Address of the Certificate Holder** must be exactly as follows:

Wisconsin Department of Safety and Professional Services  
P.O. Box 8935  
Madison, WI 53708-8935.

- Statement Concerning Liability Insurance for Private Detective Agencies (Form 1482)** - This form must be completed by your insurer and submitted together with the Certificate of Liability Insurance and, if required, a cut-through endorsement.

### **Important Note:**

The Certificate of Liability Insurance, Statement Concerning Liability Insurance for Private Detective Agencies (**Form 1482**) and Cut-Through Endorsement (**if applicable**) should be submitted **together every year** prior to the insurance expiration date. **Do not send these forms separately to DSPS or they will not be accepted.** Agency renewals, Private Detective applications, and Firearm Permits will **only** be processed with the current insurance forms on file and no gaps in coverage.

You may upload the forms together as one PDF attachment into the Department's online [LicenSE](#) portal to meet your annual reporting requirement or email materials to [DSPSCredSecurity@wisconsin.gov](mailto:DSPSCredSecurity@wisconsin.gov).

**Please note:** Forms do not need to be mailed in if they have already been emailed to the DSPS.

### **Bond of Private Detective or Private Detective Agency (Form 1483):**

Submit this form if you obtain a \$100,000 bond instead of liability coverage. If your Agency is covered by a bond instead of liability insurance, each Private Detective your Agency employs will be required to obtain a \$2,000 bond as well.