

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

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR COMPLETING PRIVATE SECURITY PERMIT APPLICATION FORM

Each person who wishes to act as a Private Security Person for a Private Security Agency must submit a complete application to the Department of Safety and Professional Services (DSPS) and is not eligible to practice until receiving a permit from the DSPS. Filing an application is not authorization to practice.

Private Security Personnel who are directly employed by businesses and industrial companies are not required to obtain a permit as a Security Person. "Employed" means that the business or industrial company controls the person's work, withholds state and federal taxes, and complies with worker's compensation and unemployment compensation requirements.

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

1. **Application for Private Security Permit (Form #2271)** – Submit a complete application and attach the appropriate fee. Applicants have three (3) choices for obtaining a permit and should check the appropriate box on page 1 of the application.
Temporary Permit and Regular Permit: Check the box on page 1 of the application if you are requesting a temporary permit.
The Department can issue a temporary permit only if a check of the criminal records at the Department of Justice indicates no criminal history. If your background check is satisfactory, you will be issued a temporary permit, which will expire at the end of 30 days. You are not permitted to carry a firearm under a temporary permit. Upon receipt of a satisfactory state and federal crime record search, the Department will issue you a regular permit. The total fee will be \$45.00 (\$10.00 temporary permit fee + \$27.00 regular permit fee + \$8.00 background check).
Regular Permit Only: Check the box on page 1 of the application to request a regular permit. The Department may issue a regular permit after receiving the results of the state and federal criminal record search. If the search reveals a criminal history, the applicant may be requested to submit further information or a Notice of Denial will be sent, as appropriate. The total fee is \$27.00.
Late Renewal After Five (5) or More Years: Check the box on page 1 of the application if you previously held a Private Security Permit and the credential has been expired more than 5 years. The applicant will need to meet the same requirements needed for a regular permit; the total fee is \$52.00.
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. Applicants must include a recent photograph with Form 2687. (See form for details.)
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.

If an 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.

A Private Security Person may carry a firearm if he or she has completed the 36-hour initial training course and has obtained a Firearms Permit from the Department, except as provided in [Wis. Admin. Code SPS 34 subs. \(5\) to \(8\)](#). Firearms Permits will not be granted to holders of Temporary Permits.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR PRIVATE SECURITY PERMIT

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

I am requesting a temporary permit and a regular permit. If your background check is satisfactory, you will be issued a temporary permit, which will expire at the end of 30 days. You are not permitted to carry a firearm under a temporary permit. Upon receipt of a satisfactory state and federal criminal record search, the Department will issue you a regular permit. Enclose **Form #2687, FBI Authorization for Release of FBI Information**, with photograph. (See Form #2687 for details.)

I am requesting a regular permit. The Department will hold your application until it has received the state and federal criminal record search. You may not perform private security activities in Wisconsin until you have received a private security permit from the Department. Enclose **Form #2687, FBI Authorization for Release of FBI Information**, with photograph. (See Form #2687 for details.)

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 code) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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Social Security Number <input type="text"/> - <input type="text"/> - <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

E-mail Address:

Have you ever held a private security credential in the state of Wisconsin? Yes No If yes, list your credential number:

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay by credit card, see [Form #3071](#).

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Temporary Permit and Regular Permit**
\$ 27.00 Initial Credential Fee
\$ 8.00 Background Check
\$ 10.00 Temporary Permit
\$ 45.00 Total Fee Attached
- Regular Permit Only**
\$ 27.00 Initial Credential Fee
- Late Renewal After Five (5) or More Years** (Digital fingerprints are required.)
\$ 52.00 Total Fee Attached

For Receipting Use Only (108)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

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

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA 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.

(You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses (Form #3982).

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select "Professions," then "Private Security Person."

ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets 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, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor, or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	If yes to question 4 above, did you apply for a predetermination of the conviction(s)? If yes, proceed to question 6. If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	If yes to question 5, did you receive a letter indicating the conviction(s) did not disqualify you from licensure? If yes, proceed to question 7. If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	If yes to question 6, since the date of the letter indicating you were not disqualified from licensure, have you been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor, or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges Form #2252 and supporting documentation for each conviction and pending charge since the date of the letter. If no, submit Convictions and Pending Charges Form #2252 without previously submitted documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	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
9.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Wisconsin Department of Safety and Professional Services

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 code)

License # of Employing Agency:

Contact Office Telephone Number:

 - -

Ext.

Applicant Name:

Applicant's Hire Date:

 / /

I CERTIFY that the agency identified above will employ and will assume responsibility for the private security applicant pursuant to the Department rules and will notify the Department of any change in employment within 5 days after the change. I further state that I have read the statement signed by the applicant at the bottom of page 2 and the agency agrees to comply with the requirements enumerated in the statement.

To my knowledge, all statements on this application are complete, true, and correct.

Signature of Authorized Agency Representative (Print and Sign Form)

 / /

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 have provided to the Department of Safety and Professional Services change.

My fingerprints have been submitted to Fieldprint on: Date: / /

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

Applicant Signature: Date: / /

(Print and Sign Form)