

Wisconsin Department of Safety and Professional Services

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Madison, WI 53705
E-Mail: dspd@wisconsin.gov
Website: <http://dspd.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

ADDENDUM TO ONLINE APPLICATION FOR PRIVATE DETECTIVE/SECURITY AGENCY

INSTRUCTIONS:

Complete applicable section(s) below if you submitted your application via Online Licensure Application System (OLAS) and return directly to DSPS. You may fax/email: (608) 251-3036 or DSPSCREDSecurity@wisconsin.gov.

Name of Agency

WISCONSIN CORPORATION AFFIDAVIT

A Sole Proprietor or any other individual applicant must sign the following Affidavit. If the applicant is a Corporation, the Secretary and the President or Vice President must sign the Affidavit. If the applicant is a Partnership or Limited Liability Company, all Partners of a Partnership and all Members of a Limited Liability Company must sign the Affidavit.

CONTINUING DUTY OF DISCLOSURE/AFFIDAVIT OF APPLICANT

I (We) understand that I have a continuing duty of disclosure during the application process. If information I (we) have provided in this application becomes invalid, incorrect or outdated, I (we) understand that I (we) am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I (we) 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.

I (We) hereby swear and affirm that the answers set forth are true and correct to the best of my (our) knowledge and belief. I (we) understand that if the applicant is issued a registration certificate, failure to comply with the laws and rules enforced by the Wisconsin Department of Safety and Professional Services may be cause for disciplinary action against the individual applicant or any and all Officers, Partners, or Members of a Corporation, Partnership, or LLC applicant.

I (We) swear that, to the best of my (our) knowledge and belief, no Officer, Partner, Member, Manager, or Employee has been or will be assigned a firearm until the Agency's firearms policy and an acceptable Certification of Proficiency (**Form #467**) is on file with the Department of Safety and Professional Services and that all statements contained herein are true and correct. If this Agency is granted a license, the Agency will abide by all the provisions of the Wis. Stats. § 440.26, and Wis. Admin. Code § SPS 30 to 35. I (We) understand that failure to do so may be cause for disciplinary action against the applicant or any and all Officers or Partners.

By signing below, I am signifying that I have read the above statements (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.

Signature of Agency Sole Proprietor, Officer, Partner

(Print and Sign Form)

Date / /

Printed Name of Person
(who signed above)

Title

Signature of Officer, Partner, or LLC Member

(Print and Sign Form)

Date / /

Printed Name of Person
(who signed above)

Title

Signature of Partner or LLC Member

(Print and Sign Form)

Date / /

Printed Name of Person
(who signed above)

Title

Foreign Corporation/Registered Agent Affidavit: Complete this section if the applicant is a foreign corporation. The Wisconsin Registered Agent listed on Page 2 must sign below.

I (We) hereby swear and affirm that the answers set forth are true and correct to the best of my (our) knowledge and belief.

Signature of Registered Agent (Print and Sign Form)

Date / /

Printed Name of Person
(who signed above)

Title

Wisconsin Department of Safety and Professional Services

Per Wis. Admin. Code § 31.03 (b) each Sole Proprietor Owner, Partner, Corporate Officer, Member of an LLC, or Foreign Corporation/Registered Agent who signs this addendum on Page 1 must complete this page and have their fingerprints taken by the Department's vendor, Fieldprint.

Name of Person

Title

Have you ever been licensed in Wisconsin as a Private Detective and/or Private Security Person? Yes No If yes, list your credential number(s):

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, 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).	<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

My fingerprints have been submitted to Fieldprint on: / / (Date Required)

This application must be submitted within 14 days after submission of fingerprints.

Applicant Signature

(Print and Sign Form)

Date

 / /