

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 CREDENTIALING PROCESSING

INFORMATION FOR COMPLETING PRIVATE DETECTIVE/SECURITY AGENCY APPLICATION FORM

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 are 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 (Form #456) and Credential Fee

Each applicant who signs on Page 3 must submit Page 4 separately and:

- a) **Answer the questions on Page 4** about convictions of any crime, other violations, and pending charges in Wisconsin or any other state. 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
- 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 is 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, 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 check “Yes” for Firearms on Page 2, 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-wi.naic.org/Lion-Web/jsp/sbsreports/CompanySearchLookup.jsp> **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
 - 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 e-mail these forms together as one PDF attachment to meet your annual reporting requirement to: DSPSCredSecurity@wi.gov.

Please note: Forms do not need to be mailed in if they have already been e-mailed 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.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR PRIVATE DETECTIVE/SECURITY AGENCY LICENSE

(Both Private Security Agencies and Private Detective Agencies are statutorily licensed as a "Private Detective Agency.")

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

PLEASE TYPE OR PRINT IN INK

Your name, address, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Name of Agency

Location Address (street, city, state, zip)

Daytime Telephone Number

Mailing Address (if different)

Business FEIN #

Type of Business:

Sole Proprietor (*must list name and SSN below)

Partnership

Corporation Incorporated in the State of:

Limited Liability Company (LLC) Organized in the State of:

Limited Liability Partnership (LLP) Organized in the State of:

Other

*Name of Sole Proprietor

*Social Security Number of Sole Proprietor

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.

Have you ever been licensed in Wisconsin as a Private Detective/Security Agency?

Yes No

If yes, list your credential number:

Email Address

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

Initial Credential Fee
\$ 75.00 Total Fee Attached

Reinstatement Credential Fee (for a credential expired more than 5 years)
\$ 107.00 Renewal Fee
\$ 25.00 Renewal Late Fee
\$ 132.00 Total Fee Attached

For Receiving Use Only (62)

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

If Applicant is a Wisconsin Corporation, Limited Liability Company, or a Limited Liability Partnership:

Enter the name of the Registered Agent and **attach** a Certificate of Status from the Wisconsin Department of Financial Institutions

Name

If Applicant is a Foreign Corporation, Limited Liability Company, or a Limited Liability Partnership:

Enter the name, address of the Wisconsin Registered Agent, and **attach** a Certificate of Status to do business in Wisconsin, issued by the Wisconsin Department of Financial Institutions.

Name

Address

Enter Date Incorporated or Organized: / /

Enter Type of Services Your Agency will provide: Private Security Private Detective Both

Enter Type of Liability Coverage: Liability Insurance Surety Bond

Will you require employees to carry a Firearm? Yes, and I have attached a copy of the Agency’s policy concerning the use, care, and storage of firearms.
 No

List Address(es) of all other Wisconsin Offices: (attach additional sheet if necessary)

Location Address

Location Address

Enter the name and title of the Sole Proprietor, each Partner, Member, and Manager of a Limited Liability Company, or each Corporate Officer:

Attach an Application for Private Detective License (**Form #469**) **for each person** who is not already licensed as a Private Detective and will be personally acting as a Private Detective in Wisconsin.

Name	Title
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Wisconsin Department of Safety and Professional Services

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 **Date** / /

Printed Name of Person **Title**
(who signed above)

Signature of Officer, Partner, or LLC Member **Date** / /

Printed Name of Person **Title**
(who signed above)

Signature of Partner or LLC Member **Date** / /

Printed Name of Person **Title**
(who signed above)

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 **Date** / /

Printed Name of Person **Title**
(who signed above)

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 application on Page 3 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 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

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

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

Applicant Signature

Date

 / /