

State of Connecticut
 Department of Emergency Services and Public Protection
 Division of State Police
 Special Licensing & Firearms Unit

BAIL ENFORCEMENT AGENT LICENSE RENEWAL APPLICATION

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| <p style="text-align: center;">INSTRUCTIONS TO APPLICANTS</p> <ol style="list-style-type: none"> 1. Complete by printing or typing in all entries, using black ink only. 2. If a "Yes" is checked use plain 8 1/2 x 11 paper for additional space. 3. Include a \$ 100.00 certified check or money order for the BEA license, made payable to Treasurer, State of Connecticut. 4. Include 2 X 2 full face color passport type photo with blue background. 5. Please return renewal application at least 2 weeks prior to expiration date. | <p>For Office use only:</p> <p>Date of Application: <u> </u> / <u> </u> / <u> </u></p> <p>License #: _____</p> <p>Badge: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

Name of Applicant:

| | | |
|------------------|-------------------|-----------|
| <i>Last Name</i> | <i>First Name</i> | <i>MI</i> |
|------------------|-------------------|-----------|

List all other names by which you have been known (Maiden Name, Aliases, Nicknames, etc.):

Residential Address (Do not use a P.O. Box Number):

| | | | | |
|---------------|---------------|------------------|--------------|-----------------|
| <i>Number</i> | <i>Street</i> | <i>City/Town</i> | <i>State</i> | <i>ZIP Code</i> |
|---------------|---------------|------------------|--------------|-----------------|

| | |
|------------------------------------|---------------------------|
| BEA Business Name (If any): | Business Telephone |
|------------------------------------|---------------------------|

Business Address Mandatory (For public information use, P.O. Box number acceptable):

| | | | | |
|---------------|---------------|------------------|--------------|-----------------|
| <i>Number</i> | <i>Street</i> | <i>City/Town</i> | <i>State</i> | <i>ZIP Code</i> |
|---------------|---------------|------------------|--------------|-----------------|

| | | | | | | | |
|----------------------|-------------|------------|---------------|---------------|-------------------|------------------|-----------------------------------|
| Date of Birth | Race | Sex | Height | Weight | Hair Color | Eye Color | Home Telephone () |
|----------------------|-------------|------------|---------------|---------------|-------------------|------------------|-----------------------------------|

| | | |
|---|-------------------------------|--|
| Place of Birth (City/Town/Country) | Social Security Number | Operator License Number/Issuing State |
|---|-------------------------------|--|

MEDICAL HISTORY

Within the past 12 months, have you been committed to, or confined in, a hospital for a mental illness? YES NO
(If Yes, explain):

Within the past 12 months, have you received care or treatment for any mental, psychiatric, or psychological illness or disorder? (If Yes, explain): YES NO

Within the past 12 months, have you been discharged from custody after having been found not guilty of a crime by reason of mental disease or defect? (If Yes, explain): YES NO

EMPLOYMENT HISTORY

Provide the following information about your present employer (If you are not employed, provide information of your most recent employer):

| | | | |
|---------------------|--|------------------------|----------------------|
| <i>Company Name</i> | <i>Address (Street, City, State, ZIP Code)</i> | <i>Supervisor Name</i> | <i>Telephone No.</i> |
|---------------------|--|------------------------|----------------------|

CRIMINAL HISTORY ACTIVITY

Within the past 12 months, have you been convicted of any crime in any court? YES NO
(If Yes, list all convictions, including all charges, locations, dates of arrests and dispositions using additional sheets of paper if additional space is required):

CRIMINAL HISTORY ACTIVITY (CONTINUED)

Within the past 12 months, have you been arrested for any incident that involved violence, moral turpitude, or for use, sale, possession of illegal drugs or narcotics, or driving while under the influence of alcohol and/or drugs? YES NO
(If Yes, list all convictions, charges, locations, dates of arrests and dispositions using additional sheets of paper if additional space is required).

Are you currently on Probation, Parole, a Work Release Program, in an Alcohol and/or Drug Rehabilitation Program or Currently Released on Personal Recognizance (WPTA) or Bond for a Pending Court Case? YES NO
(If Yes, explain):

Are you now the subject of a Restraining Order, or Protective Order, issued by a court, in a case involving the use, attempted use, or Threatened use of Physical Force Against Another Person? YES NO
(If Yes, explain):

MOTOR VEHICLE HISTORY

Within the past 12 months, have you been arrested or issued a summons for a motor vehicle offense? YES NO
(If Yes, explain list all arrests):

Within the past 12 months, have you been the subject of a traffic stop resulting in an infraction/ticket? YES NO
(If Yes, explain):

LICENSE AND PERMIT INFORMATION

Do you have a Bondsman, Private Detective, or Security license? If Yes, # _____ YES NO

Do you have a CT State Pistol Permit? If Yes, # _____ YES NO

Do you have a CT Security Guard Firearms Permit? If Yes, # _____ YES NO

Do you have a CT Bail Enforcement Agent Firearms Permit? If Yes, # _____ YES NO

Do you wear, carry or display any badge? *(If yes, Approval by the Commissioner is required.)* YES NO

Have you had your license or permit denied, suspended or revoked within the past 12 months? YES NO
(If Yes, explain details on an attached sheet of paper).

I understand, under the penalties of giving a false statement to a police officer, that the answers to the above questions are true and correct. I also understand that false statements contained in this application are grounds for this application not to be approved and for the permit applied for not to be issued. My signature below attests to the accuracy of all my answers and to the truth of all of the information included in this application.

Signature of Applicant: _____ Date signed: ____/____/____

The signer of the foregoing application personally appeared before me and made oath to the truth of the matters contained herein;

This _____ day of _____ 20____

Notary Public, Justice of the Peace, Commissioner of Superior Court