State of Connecticut

Department of Emergency Services and Public Protection Division of State Police

Special Licensing & Firearms Unit

BAIL ENFORCEMENT AGENT LICENSE APPLICATION INSTRUCTIONS TO APPLICANTS For Office use only:

INSTRUCTIONS TO APPLICANTS					Office	use only:					
1. Complete by printing or typing in all entries, using black ink only.				Dot.	Date of Application: / /						
2. If a "Yes" is checked use plain 81/2 x 11 paper for additional space.				ace.	, o. , .pr	J					
Include a \$ 200. made payable to	3. Include a \$ 200.00 certified check or money order for BEA license, made payable to Treasurer , State of Connecticut .				Lice	nse #:				_	
4. Include 2 X 2 ful	l face color	passport typ	pe photo wit	h blue backg	ground Bac	ge	☐ Ye	s	☐ No		
Name of Applican	t:										
Last Name					First Name				М		
List all other name	es by whi	ch you hav	ve been k	nown (Maio	den Name, Alia	ses, Nick	names, etc.):				
Residential Addre	ess <u>(Do not</u>	use a P.O.	Box Numbe	<u>r</u>):							
Number S	Street				City/Town				State		ZIP Code
BEA Business Na	me (If an	ıy)					Bus	iness P	hone #		
Business Address	Mandato	ory (for publ	lic informatio	on use, P.O.	Box number a	ceptable)				
Number S	Street				City/Town				State		ZIP Code
Date of Birth	Race	Sex	Height	Weight	Hair Color	Еу	es Color	(Home T	elephone	•
Place of Birth (City/Town/C	Country)	Soci	al Security	Number	er Operator License Number/Issuing State					
				(CITIZENSHI	<u> </u>					
Are you a citizen of			?							☐ YES	□ NO
-		·		MED	DICAL HIST	ORY					
Have you ever been committed to or confined in a hospital for a mental illness? (If Yes, explain): YES NO											
Have you ever received care or treatment for any mental, psychiatric, psychological illness or disorder? YES NO (If Yes, explain):											
Have you been discharged from custody, within the past twenty (20) years, after having been found not guilty of a crime by reason of mental disease or defect? (If Yes, explain): YES NO											
				EMPLO	OYMENT HI	STORY	<i>'</i>				
Provide the following information about your present employer: (If you are not employed, provide information of your most recent employer)											
Company Name	Α	ddress (Str	eet, City, St	ate, ZIP Cod	de)		Sup	ervisor N	ame	Teleph	one No.
Are you retired or separated from a local or state police department? (If Yes, a letter of discharge from the employer describing the length of service, duties, separation standing and date of retirement or separation must be attached)											
Are you currently applying or interviewing for a federal, state or local police department. (If yes, where?)											
Are you presently vested with police powers?						□ NO					

MILITARY SERVICE					
Were you ever discharged from the armed forces of the United State (If Yes, explain. If you performed military service attach a copy of your Form DD-2	_	e?			
CRIMINAL ACTIVIT	Y HISTORY	'			
Have you ever been convicted in any court of any crime? (If Yes, list all convictions, including all charges, locations, dates of arrests and disprequired):	positions using additional sheets of paper if add	YES NO ditional space is			
Have you ever been arrested for any incident that involved violence, possession of illegal drugs or narcotics, or driving while under the ir (If Yes, list all convictions, charges, locations, dates of arrests and dispositions using	of alcohol and/or drugs?	YES NO			
Are you currently on probation, parole, a work release program, in ar program or currently released on personal recognizance (WPTA) or k (If Yes, explain):		YES NO			
Are you now the subject of a restraining order, or protective order is the use attempted use or threatened use of physical force against an		☐ YES ☐ NO			
MOTOR VEHICLE	HISTORY				
Have you ever been arrested or issued a summons for a motor (If Yes, explain and list all arrest):		☐ YES ☐ NO			
Have you ever been the subject of a traffic stop resulting in ar	n infraction/ticket? (If Yes, explain):	YES NO			
EDUCATIO List the highest-level certificate, diploma or degree received. i.e., hig (Attach a copy of transcripts, diplomas, or certificates claimed)					
Within the past five years you shall have successfully completed a consisting of not less than 20 semester hours of studies related to the seizure and constitutional law? (If Yes, attach supporting documentation) List any other training appropriate for this application (Attach separate states)	ne use of force, arrest, search and	YES NO			
LICENSE AND PERMIT	INFORMATION				
Do you have a Bondsman, Private Detective, or Security license?	If Yes, #	☐ YES ☐ NO			
Do you have a Conn. State Pistol Permit?	If Yes, #	YES NO			
Do you have a Conn. Security Guard Firearms Permit "Blue Card"?	If Yes, #	☐ YES ☐ NO			
Do you intend to apply for a Bail Enforcement Agent Firearms Permit	? If yes, #	☐ YES ☐ NO			
Have you ever had any of your licenses or permits denied, suspended (If Yes, explain details on an attached sheet of paper)	d or revoked?	YES NO			
If you intend to wear, carry or display any badge. (Appro	oval by the commissioner is req	uired.)			
UNDERSTAND, UNDER THE PENALTIES OF GIVING A FALSE STATE THE ABOVE QUESTIONS ARE TRUE AND CORRECT. I ALSO UNDER APPLICATION ARE GROUNDS FOR THIS APPLICATION NOT TO BE BE ISSUED. MY SIGNATURE BELOW ATTESTS TO THE ACCURACY THE INFORMATION INCLUDED IN THIS APPLICATION.	MENT TO A POLICE OFFICER, THAT T RSTAND THAT FALSE STATEMENTS O APPROVED AND FOR THE PERMIT AF	HE ANSWERS TO CONTAINED IN THIS PPLIED FOR NOT TO			
Signature of Applicant:	Date signed:				
The signer of the foregoing application personally appeared b contained herein;	efore me and made oath to the trut	th of the matters			
This day of	20				
Notary Public Just	ice of the Peace, Commissione	r of Superior Court			
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BAIL ENFORCEMENT AGENT'S LICENSE INFORMATIONAL PACKAGE

Complete the following prior to submi	tting the application:	
Name:	D.O. B:	
Place of Birth:		
Address:		
Family information:		
Father's Name:	D.O.B.:	
Address:		
Mother's Name:	D.O.B:	
Address:		
Sibling:	D.O.B.:	
Address:		
Sibling:		
Address:		
Sibling:		
Address:		
Sibling:		
Address:		
Sibling:		
Address:		

FAMILY STATUS

Personal Status: (circle one): Single	Married	Separated	Divorced	Annulled
Name of Spouse:		D.O.B.:		
Date of Marriage:Location (town):				
Children (if applicable):				
Name:		D.O.B.:		
Mother's name:				
Name:				
Mother's name:				
Name:		D.O.B.:		
Mother's name:				
Name:				
Mother's name:				
OTHER:				
Other Persons living in the household:				
Name:		D.O.B.:		
Relationship to applicant:				
Name:		D.O.B.:		
Relationship to applicant:				

EMPLOYMENT HISTORY:

Present Employer

Name of present employer:		
Address:	Tel #:	
Date of employment:	Date of resignation:	
Job Title:	Wage or Salary (\$):	
Supervisor or contact person:		
Past Employer (LAST 5 YEARS)		
1. Name of past employer:		
Address:	Tel #:	
Date of employment:	Date of resignation:	
Job Title:	Wage or Salary (\$):	
Supervisor or contact person:		
2. Name of past employer:		
Address:	Tel #:	
Date of employment:	Date of Resignation: _	
Job Title:	Wage or Salary (\$):	
Supervisor or contact person:		
3. Name of past employer:		
Address:	Tel #:	
Date of employment:		
Job Title:	Wage or Salary (\$):	
Supervisor or contact person:		

MILITARY SERVICE: Branch of Service: ______Rank: _____ Date of service: From: ______To: _____ Type of Discharge: **EDUCATION:** Name of High School: Address of School: Graduated: Yes or No (if no) Years attended: ______G.E.D.: ____ Name of College: _____ Address of College: Graduated: Yes or No (if no) Years attended: ______Major Field: _____ OTHER EDUCATION (Specialized training, BEA School, etc.) Name of Training: Location of Training:

Date of Training: