

State of Connecticut
 Department of Emergency Services and Public Protection
 Division of State Police
 Special Licensing & Firearms Unit
BAIL ENFORCEMENT AGENT LICENSE APPLICATION

<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 \$ 200.00 certified check or money order for BEA license, made payable to Treasurer, State of Connecticut. 4. Include 2 X 2 full face color passport type photo with blue background 	<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>
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Name of Applicant:

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>
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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>
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BEA Business Name (If any)	Business Phone #
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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>
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Date of Birth	Race	Sex	Height	Weight	Hair Color	Eyes Color	Home Telephone ()
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Place of Birth (<i>City/Town/Country</i>)	Social Security Number	Operator License Number/Issuing State
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CITIZENSHIP

Are you a citizen of the United States? YES NO
 (If naturalized, state when and where):

MEDICAL HISTORY

Have you ever been committed to or confined in a Hospital for a Mental Illness? YES NO
 (If Yes, explain):

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

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>
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Are you retired or separated from a Local or State Police Department? YES NO
 (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?*) YES NO

Are you presently vested with Police Powers? YES NO

MILITARY SERVICE

Were you ever discharged from the Armed Forces of the United States with a less than Honorable Discharge?

(If Yes, explain. If you performed military service attach a copy of your Form DD-214)

YES NO

CRIMINAL ACTIVITY HISTORY

Have you ever been convicted in any court of any crime?

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):

Have you ever been arrested for any incident that involved violence, moral turpitude, or for use, Sale, or 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

Have you ever been arrested or issued a summons for a motor vehicle offense?

YES NO

(If Yes, explain and list all arrest):

Have you ever been the subject of a traffic stop resulting in an infraction/ticket? *(If Yes, explain):*

YES NO

EDUCATION

List the highest-level Certificate, Diploma or Degree Received. i.e., High School, G.E.D., B. A., etc.

(Attach a copy of transcripts, diplomas, or certificates claimed)

Within the past five years you shall have successfully completed a Criminal Justice Program Courses consisting of not less than 20 semester hours of studies related to the use of force, arrest, search and seizure and constitutional law? *(If Yes, attach supporting documentation)*

YES NO

List any other training appropriate for this application *(Attach separate sheet of paper as necessary)*

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 or revoked?

YES NO

(If Yes, explain details on an attached sheet of paper)

If you intend to wear, carry or display any badge. (Approval by the commissioner is required.)

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**

**BAIL ENFORCEMENT AGENT'S LICENSE
INFORMATIONAL PACKAGE**

Complete the following prior to submitting the application:

Name: _____ D.O. B: _____

Place of Birth: _____

Address: _____ City: _____ Zip: _____

List Addresses up to 3 years ago:

Family information:

Father's Name: _____ D.O.B.: _____

Address: _____

Mother's Name: _____ D.O.B.: _____

Address: _____

Sibling: _____ D.O.B.: _____

Address: _____

Sibling: _____ D.O.B.: _____

Address: _____

Sibling: _____ D.O.B.: _____

Address: _____

Sibling: _____ D.O.B.: _____

Address: _____

Sibling: _____ D.O.B.: _____

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: _____ D.O.B.: _____

Mother's name: _____

Name: _____ D.O.B.: _____

Mother's name: _____

Name: _____ D.O.B.: _____

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: _____ Date of resignation: _____

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: _____