



**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: \_\_\_\_\_