

**TOWN OF BARRINGTON, RHODE ISLAND
APPLICATION FOR PRIVATE DETECTIVE LICENSE
FOR THE YEAR _____**

(RIGL §5-5-4 APPLY FOR A PRIVATE DETECTIVE LICENSE WITH LOCAL LICENSING AUTHORITY
WHERE PRINCIPAL PLACE OF BUSINESS IS LOCATED)

**RETURN APPLICATION AND FEE OF \$150 TO:
TOWN CLERK, 283 COUNTY ROAD, BARRINGTON, RI 02806**

NAME OF APPLICANT: _____

HOME ADDRESS: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ HOME TELEPHONE: _____

BUSINESS HOURS: _____

U.S. CITIZENSHIP: _____ DATE OF BIRTH: _____ SS# _____

Questions contained within this application provide information which is necessary to determine your eligibility for a license consistent with R.I. Gen. Laws §5-5-3.

1. Have you ever been convicted of a felony? ___Yes ___No
2. Have you ever had a private investigator's license or registration revoked?
___Yes ___No
3. Have you ever had an application for a private investigator's license or registration denied?
___Yes ___No
4. Have you ever been declared incompetent by reason of mental defect or disease by any court of competent jurisdiction? ___Yes ___No
5. Do you have at least one (1) of the following qualifications? Circle A, B, C or D.
 - A) At least five (5) years experience as an investigator or police officer. Please explain the nature of your experience;
 - B) A degree in Criminal Justice. Please specify the college or university;
 - C) At least five (5) years experience as an investigator under the employment of a private detective;
 - D) Training or experience equivalent to the above. Please explain.
6. Please specify the expiration date of your current license _____

Signature of Applicant

STATE OF RHODE ISLAND
COUNTY OF _____

Subscribed and sworn to before me this ____ day of _____, 20__.

NOTARY PUBLIC

Print name: _____ Commission Expires on: _____

Barrington Police Department Signature

Date

License granted by Town Council on _____