

TOWN OF LITTLE COMPTON  
APPLICATION FOR PRIVATE DETECTIVE LICENSE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Telephone No. \_\_\_\_\_ Citizen of the United States of America \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Previous Employers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description and location of principal place of business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of years' experience as private detective: \_\_\_\_\_

Number of years' experience in related fields: \_\_\_\_\_

Do you have a degree in criminal justice from an accredited college or university (explain):

\_\_\_\_\_

\_\_\_\_\_

Length of time resident of State of Rhode Island \_\_\_\_\_

Length of time resident of Town of Little Compton \_\_\_\_\_

Have you ever been convicted of a felony or any offense against the decency and morals of the community? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_ ID# \_\_\_\_\_