

**NORTH CAROLINA
PRIVATE PROTECTIVE SERVICES BOARD**

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Web Page: <http://www.ncdps.gov/PPS>



**APPLICATION FOR A COMPANY BUSINESS LICENSE
(In Accordance with G.S. 74C-8)**

1. Name of firm, association or corporation: _____

[*NOTE: Sole Proprietorship companies are not required to obtain the PPS Company Business License]

2. Address of principle place of business:

Street	City	County	State	Zip
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3. Address of principle place of business in North Carolina:

Street	City	County	State	Zip
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4. Mailing Address in North Carolina (if different):

Post Office Box or Street	City	County	State	Zip
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5. Name /Title, home and business address of company directors and officers: (Attach additional sheets if necessary)

Name /Title	Business Address & Phone Number	Home Address & Phone Number

6. Has any person listed in item 5 ever had a professional or business license denied, suspended or revoked? If yes, list their name(s) and explain details. _____

7. Does any person listed in item 5 have past criminal convictions? If yes, list their name(s) and explain details. _____

8. Is this a North Carolina company or out-of-state company? NC Company Out-of-State

9. If out-of-state, is the Certificate of Authority to transact business in North Carolina issued by the North Carolina Secretary of State

attached? Yes No

10. If your business is incorporated, attach a copy of the Articles of Incorporation. Please note any changes since the charter was filed.

11. Type of License(s) or Permit(s) for which application is being made: _____

- (1) ARMORED CAR PROFESSION
- (2) ELECTRONIC COUNTERMEASURES
- (3) ELECTRONIC COUNTERMEASURES TRAINEE
- (4) COURIER SERVICE PROFESSION
- (5) GUARD DOG SERVICE PROFESSION
- (6) POLYGRAPH EXAMINER LICENSE
- (7) POLYGRAPH TRAINEE PERMIT
- (8) PRIVATE INVESTIGATOR
- (9) PRIVATE INVESTIGATOR ASSOCIATE
- (10) PSYCHOLOGICAL STRESS EVALUATOR PROFESSION
- (11) SECURITY GUARD AND PATROL PROFESSION
- (12) SPECIAL LIMITED GUARD & PATROL LICENSE

12. Does the company have a license for each private protective service activity listed in question 11? Yes No

13. Who is (are) the private protective services licensee(s) and qualifying agent(s) for this company? _____

14. What management position does each qualifying agent hold with this company? _____

15. Does (do) the qualifying agent(s) exercise direct control and supervision of the employees registered under their license(s)?
Yes No

16. Describe the supervisory duties and responsibilities of the qualifying agent: _____

17. Do the directors and the officers understand this is an application for a company business license and that it will not grant a license to any individual? Yes No

18. If the licensee/qualifying agent for the corporation is not a resident of North Carolina, a resident agent for service of process must be designated on a form provided by the Board. If this is the case, does the CEO/President/Owner understand that the company business license must be conspicuously displayed at the location of the "resident agent"? Yes No

19. Does the CEO/President/Owner clearly understand that the designated qualifying agent is responsible for the company complying with the Private Protective Services Act, General Statute 74C, and that failure of the company to fully comply may result in the revocation of this company license? Yes No

Printed Name of CEO/President /Owner Signature Date

Printed Name of Licensee Signature Date

SWORN AND SUBSCRIBED TO BEFORE ME THIS

The _____ day of _____, 20_____

Notary Public

My Commission Expires: _____