



**Town of Richmond  
Town Clerk's Office**

5 Richmond Townhouse Rd., Wyoming, RI 02898 (401) 539-9000 x 9

**Private Detective License Checklist and Fact Sheet**

	<b>Confirmation</b>	<b>Date</b>
<b>TAXES:</b> Confirmation by the Richmond Tax Collector that taxes and fees on business are current. Please contact <a href="mailto:taxcollector2@richmondri.gov">taxcollector2@richmondri.gov</a> or call 401-539-2130 (NOTE: 1 <sup>st</sup> Quarter must be paid).		
<b>BOND:</b> \$5,000 bond posted with a surety company authorized to do business in the State of Rhode Island.		
<b>BACKGROUND CHECK:</b> You must submit a signed, notarized authorization for a criminal background check to be verified at the police department.		
<b>LICENSE FEE:</b> \$150		
<b>THUMBNAIL PHOTO:</b> Please submit a thumbnail photo to be put on the finalized I.D. Card.		

**Who must obtain this license?:**

A private detective is a person hired to conduct investigations involving unsolved crimes, clandestine surveillance, missing persons, or lost or stolen property. Any person working as a private detective whose principal place of business is in Richmond must obtain this license.

You do not need this license if you are an investigator for a federal, state or municipal agency, if you interview witnesses in legal matters, if you are an employee of or assistant to a licensed private detective, if you are a genealogical researcher, if you are an insurance investigator, if you are an employee of a credit reporting agency, or if you are a computer forensic specialist certified as a computer examiner.

This license is issued to an INDIVIDUAL, not a business, and cannot be transferred.

**License Expiration:**

This license expires one year from date of issuance.

**Denial of License:**

The Town Council has the right to deny an application for a new license or renewal if the applicant has violated title 5, chapter 5 of the general laws, fails to satisfy the license qualifications of title 5, chapter 5 of the general laws, has practiced fraud, deceit, or misrepresentation, has made a material misstatement on the license application, or has demonstrated incompetence or untrustworthiness in connection with work as a private detective. An applicant whose application is denied has a right to a hearing before the Town Council. See R.I. General Laws title 5, chapter 5.

**Requirements for holding a license:**

You must notify the Town Council in writing within five (5) days of any material change in the information provided on the application form, or of circumstances that could reasonably be expected to affect your right to a license.

If you discover a felony, you must report it immediately to local or state police.

You are prohibited from wearing or displaying any insignia, patch, badge, or shield, driving any vehicle, or using any letterhead or advertising that features the word "police" or gives the impression that you are a public law enforcement officer.



**Town of Richmond  
Town Clerk's Office**

5 Richmond Townhouse Rd., Wyoming, RI 02898 (401) 539-9000 x 9

-----  
**Private Detective License Application**

**Applicant's Full Name:** \_\_\_\_\_

**Date and Place of Birth:** \_\_\_\_\_

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

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone # (Business):** \_\_\_\_\_ **(Cell):** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Applicant's Business Name (if applicable):** \_\_\_\_\_

Are you a U.S. Citizen or resident alien? \_\_\_ YES \_\_\_ NO

Please provide the full address (city, state and country) of every residence you have had since age 18, and the dates you resided there (use separate sheet if necessary)

1) Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

2) Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

3) Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

4) Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

5) Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

**Have you ever been convicted of a felony in any jurisdiction?:** \_\_\_ YES \_\_\_ NO

**Have you ever had a private detective license revoked or denied?:** \_\_\_ YES \_\_\_ NO

**Has a court ever declared you incompetent by reason of mental defect or disease?:** \_\_\_ YES \_\_\_ NO

**Do you suffer from habitual drunkenness or narcotics addiction or dependence?:** \_\_\_ YES \_\_\_ NO

**PROFESSIONAL QUALIFICATIONS (Use a separate sheet if necessary)**

**Do you have 5 or more years experience as a municipal, state, or federal investigator or police officer? If so, list the agency or agencies and the dates:**

---

---

---

**Do you have a degree in criminal justice from an accredited college or university? If so, state the college or university, degree, and year of graduation:**

---

---

---

**Have you been employed by a private detective as an investigator for at least five (5) years? If so, state the name and address of the private detective and dates of employment:**

---

---

---

**If you have none of the professional qualifications above, do you have substantively equivalent training or experience as an investigator? If so, please explain:**

---

---

---

**(Continued)**

**R.I. General Laws §5-5-3(6) requires a licensed private detective to be of good moral character. Please provide three references who are able to attest to your moral character:**

**1) Name:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone #(s):** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**2) Name:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone #(s):** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**3) Name:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone #(s):** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**The undersigned, being duly sworn, upon oath does depose and say that the information in this application is true and correct.**

**Signature:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_

**Sworn and subscribed to before me at \_\_\_\_\_, County of \_\_\_\_\_, State of Rhode Island, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.**



\_\_\_\_\_  
**Notary Public**  
**Print Name:** \_\_\_\_\_  
**My commission expires:** \_\_\_\_\_

**(Continued)**

**The Town Clerk will forward this application form to the Police Chief for investigation and comment, retaining a copy. When the Police Chief completes an investigation, the form will be returned to the Town Clerk, who will place the matter on the next Town Council Agenda.**

**POLICE CHIEF'S COMMENTS**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Office Use Only)**

**Date of Town Council Approval:** \_\_\_\_\_

**Date License Issued:** \_\_\_\_\_

**License Issued by:** \_\_\_\_\_

**Date License Expires:** \_\_\_\_\_

**Fee Paid:** \_\_\_\_\_