



**New Hampshire
Racing and Charitable Gaming Commission**
21 S. Fruit Street, Suite 16
Concord, New Hampshire 03301-2428
Telephone (603) 271-2158 Fax (603) 271-3381
<http://www.racing.nh.gov>

Date _____
License # _____
Clerk _____

Supplemental Application Form for Pari 605.22

Security Position Applied For: _____ 20 _____

1. Full Name: _____
AS IT APPEARS ON LINE 1 OF YOUR OCCUPATIONAL LICENSE APPLICATION PARI 605.05

2. Name, address, and telephone number of the person, corporation or association licensed under RSA 284:15 recommending the applicant for occupational licensure: _____

3. Do you currently possess a valid New Hampshire Security Guard License? Yes No

4. If Yes to question (3) above, the number of that License: _____

5. If No to question (3) above, Have you ever applied for such a license? Yes No

6. Do you hold an Associate Degree or higher in a field related to criminal justice? Yes No

7. If Yes to question (6) above;

a) Name and address of the school from which you obtained your degree? _____

b) Type of Degree held and date awarded: _____

c) The Field of Study in which the Degree was issued: _____

8. Do you have at least 5 years of experience in Law Enforcement or Security? Yes No

9. If Yes to question (8) above, Your employment history, including Name of Employer, Job Title and Dates employed: _____

10. Description of any additional experience in Law Enforcement or Security, including the dates; _____

******* PLEASE NOTE *******

I hereby certify that the information provided on this application form is true, accurate and complete; and I acknowledge that, pursuant to RSA 641:3, making a false statement on this application form is punishable as a crime.

APPLICANT'S SIGNATURE

Date of Signature