

Private Detective, Watch, Guard or Patrol Bond (MA) Application

Agency Name: _____ City/Town: _____

Agency Contact: _____ Email: _____

Name (Business Entity or Individual Name) *as required to appear on Bond:*

Requested Effective Date: _____ Business Structure: _____

DBA Name (if applicable): _____

Full Primary Address: _____

Personal Information (required):

Individual Name: _____ Social Security No: _____

% Ownership (*if not 100%, provide second owner info below*): _____ Number of Years of Experience: _____

Full Home Address (*if different from above*): _____

Married: Yes No Client Email: _____ Client Phone Number: _____

2nd Individual Name: _____ Social Security No: _____

% Ownership (*provide additional form if more than two owners*): _____ Number of Years of Experience: _____

Full Home Address (*if different from above*): _____

Married: Yes No Client Email: _____ Client Phone Number: _____

Applicant Name: _____ Title: _____
Print Name

Applicant Signature: _____ Date: _____

Agent's Recommendation: Select one and provide supporting comment below:

- We are not very familiar with this applicant(s).
- We are familiar with applicant(s) and are aware of no adverse information about them.
- We know applicant(s) very well and offer our highest recommendation.

Comment: _____

Completed and return to Judy Carlson at jcarlson@massagent.com.

8.23