

# ALABAMA SECURITY REGULATORY BOARD PERSONAL LICENSE APPLICATION 2777 Zelda Road

Montgomery, AL 36106

#### PERSONAL APPLICATION CHECKLIST

PERS	ONAL APPLICATION CHECKLIST
☐ ASRB PERSONAL LICENSE A	PPLICATION* (check the appropriate box)
2 ea. Recent color pictu	res, separated, passport-style, renewal no photos required.
☐ Military Separation docu	ments if applicable (DD-214 or equivalent)
☐ Proof of Age/Citizenship sufficient)	(Two (2) copies of a current state-issued driver's license/non-driver I.D is
☐ ASRB CERTIFICATION OF TRA	AINING*
☐ ASRB <b>AUTHORIZATION FOR I</b>	RELEASE OF INFORMATION*
☐ CRIMINAL HISTORY INFORMA	ATION RELEASE FORM* (ALEA Release Form)
☐ 2 ea. <b>APPLICANT</b> fingerprint ca	rds
	Business Checks from a Board-Licensed Contract Security Company ama Security Regulatory Board or ASRB)
☐ \$88.25: Personal License fe	e (Late fee \$25.00; Replacement fee \$10.00)
Submit all forms	to the Board at:
Alabama Security Reg 2777 Zelda Road Montgomery, AL 3610	•



## ALABAMA SECURITY REGULATORY BOARD PERSONAL LICENSE APPLICATION 2777 Zelda Road

Montgomery, AL 36106

NLY	FOR BOARD USE ON	
Approved□		BY:
Denied□		DATE:

Each security officer of armed security officer requesting or renewing a license shall pay a nonrefundable security license fee of \$88.25. Check made payable to ASRB Submit: 2 color photographs (passport size). Photographs must show the subject in a frontal

portrait. NOTICE: This application must be typed or legibly printed in blue or black ink. All applicable questions must be answered. Indicate not applicable questions by entering "N/A "(not applicable) in the proper field. Incomplete applications and applications that are not legible will be returned without consideration. If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered. ■New License/Certification This Application is for: ☐ License Renewal License #: License Applied for: (Check One) ■ Security Officer □ Armed Security Officer 1. PERSONAL INFORMATION Full Name (LAST, First, Middle) Date of Birth (MM/DD/YYYY) Social Security Number Race Hair Place of Birth (City, ST) Sex Height Weight Eyes Aliases (any other name you have been known by, e.g., Maiden Name, Married Name, etc.... [DO NOT INCLUDE CASUAL NICKNAMES]) Home Phone Cell Phone E-Mail Licensed Security Company Currently Working For: (MANDATORY) Co. Lic #: (if available) 2. RESIDENCES Current Residence (Street Address, City, ST, ZIP) How Long? LIST ALL PRIOR RESIDENTIAL ADDRESSES FOR THE PAST 10 YEARS (Street Address, City, ST, and ZIP). Use additional sheets if needed. How Long? В С D 3. MILITARY SERVICE Have You Ever Served in the Military? From Type of Discharge ■No ■Yes (answer questions to the right) If "Yes": include a copy of you Separation Document(s) (e.g., DD Form 214) with your application to the Board.

			4	. EMPL	OYMENT		
STARTING V account	NITH THE MOST RECENT, LI ted for. If unemployed for any ti	ST ALL EI me indicat	e by enter	ing "Unempl	IE PAST 10 YEARS (incloyed" in the 'Employer' fiests if needed.	uding part-time employ eld and enter the dates	ment). All time must be of unemployment.
Employer Name, A	Address, & Telephone #		Date From	es To	Position/Type of Work	Name of Supervisor	Reason for Leaving
Α							
В							
С							
D							
E							
			5. (	CRIMINA	AL HISTORY	J	
					neanor, or felony? orting documents and or o	□No □Yes copy of Pardon)	
Date	Jurisdiction	Charge		Final Disposition	Details (Use additional sheet if needed)		
	LIST THE NAME, ADDRES	SS AND TE		REFER		DISINTERESTED PE	RSONS
Т	O BE USED AS REFERENCE	S FOR BO	OARD INQ	UIRIES ABO	OUT YOUR STANDING, F	REPUTATION, AND C	HARACTER.
1							
2							
3							

## 7. AFFIRMATION OF UNDERSTANDINGS

By signing this form, I affirm that I understand the following.

- 1. Licensure with the Alabama Security Regulatory Board (the Board) is a privilege, not a right, and my license may be revoked for violation of any law, rule, or regulation deemed relevant by the Board.
- 2. Making false statements to or providing false information to the Board is grounds for denial/revocation of licensure.
- 3. After I submit this application, I may work as a Security Officer or Armed Security Officer until the Board notifies me of either an approval or denial of personal licensure which will occur within a reasonable time following receipt of my application.
- 4. The Board will conduct a comprehensive background investigation to include a criminal history check and may include additional checks and verifications as determined by the Board.
- 5. I must always keep Temporary License at the bottom of this page on my person that I am performing any service or activity regulated by the Board until the Board either issues or denies my Personal License.
- 6. If the Board denies my Personal License, I must immediately stop performing any services or activities regulated by the Board upon receipt of notification of license denial.
- 7. If the Board denies personal licensure, I can appeal the denial decision to the Board following the procedures on the Alabama Administrative Procedures Act.
- 8. I must comply with all relevant laws, as well as all rules and regulations promulgated by the Board at all times when performing any activity regulated by the Board.

#### 8. MANDATORY SWORN DECLARATIONS

By signing below, I certify and declare that;

- 1. I am 21 years of age or older if applying for an Armed Security Officer License, or 18 years of age or older if applying for a Security Officer License. (ATTACH PROOF OF AGE)
- 2. I am a citizen of the United States or a resident alien. (ATTACH PROOF OF CITIZENSHIP OR PROOF OF RESIDENT ALIEN STATUS)
- 3. I have never been convicted in any jurisdiction of the United States of any Felony or crime involving Moral Turpitude for which a full pardon has not been granted.
- 4. I have never been declared, by any court of competent jurisdiction, incompetent by reason of mental defect or disease, and competency has not been restored.
- 5. I am not suffering from habitual drunkenness or from narcotics addiction or dependence.
- 6. All information I have provided to the Board is true and accurate.

		By signing this document, the applicant affirms under penalty of perjury that the information provided is factually truthful.
STATE OF ALABAMA, COUNTY OF		
SUBSCRIBED AND SWORN TO BEFORE ME	THIS	APPLICANT SIGNATURE
, DAY OF,		
		DATE
NOTARY PUBLIC		
MY COMMISSION EXPIRES:		
RECIEVED:	REVIEWED:	CRIMINAL HISTORY REC'D:
		CUT
The person identified on this Temporary License has comp ASRB Personal License Application to be submitted to the .		ALABAMA SECURITY REGULATORY BOARD TEMPORARY PERSONAL LICENSE
STATE OF ALABAMA, COUNTY OF		
SUBSCRIBED AND SWORN TO BEFORE M	E THIS	Print Full Name
, DAY OF,		O — Date of Application
		□ Security Officer □ Armed Security Officer
NOTARY PUBLIC		This document meets all ASRB Temporary License requirements ONCE A PERSONAL APPLICATION HAS BEEN SUBMITTED TO THE BOARD. This document must be carried at all times the Applicant is performing any regulated activity. This Temporary License is valid until a
MY COMMISSION EXPIRES:		Personal License is either granted or denied by the Board.



## **ALABAMA SECURITY REGULATORY BOARD AUTHORIZATION FOR RELEASE OF INFORMATION**

#### 2777 Zelda Road

### Montgomery, AL 36106

(334) 420-7234 Fax (334) 263-6115

NOTICE: This form must be typed or legibly printed in blue or black ink. All applicable questions must be answered. Indicate not applicable questions by entering "N/A "(not applicable) in the proper field.

If space provided is not			deration. ets as necessary. Number each answer to correspond with th	ıе
question being answere				
Full Name / ACT First I		I. PERSONAL INFO		
Full Name (LAST, First, I	viidale)		Date of Birth (MM/DD/YYYY)	
Aliases (any other name	you have been known by; e.g., I	Maiden Name, Married	d Name, etc [DO NOT INCLUDE CASUAL NICKNAMES])	)
Current Residence (Street	et Address, City, ST, ZIP)			
Home Phone	Cell Phone	E-Mail		
	2. DE	CLARATION OF UND	DERSTANDINGS	
	abama Security Regulatory Boar quirements for licensure by the E		loard") will conduct any investigation deemed necessary to	
I understand that a FB	I and ABI Background Check	will be done.		
			byment history (to include disciplinary and training records), lige deemed relevant by the Board.	
I understand that inquiry competency.	/ may also be made into any hist	tory of controlled subst	stance or alcohol abuse by me, and into my mental	
	3. AUT	HORIZATION, WAIVE	ER AND RELEASE	
I hereby authorize Alaba my suitability for licensu		herein after, "the Boar	rd") to conduct a background investigation of me to determine	е
official, financial instituti	on, business, or person from dis	closing to the Board ar	ency, credit reporting agency, employer, school or school any record, information, or knowledge concerning me and I to disclose any record, information, or knowledge concerning	)
business, or person fror	n any and all claims, demands, l n with any court, agency, busine:	osses, suits, and actio	employer, school or school official, financial institution, ons of any kind, whether at law, in equity, through litigation or a compliance with any request for records, information, or	-
STATE OF ALABAMA,	COUNTY OF			
SUBSCRIBED AND SW	ORN TO BEFORE ME THIS	APPLICANT S	SIGNATURE	
DAY OF	,,			
		DATE		
NOTARY PUBLIC				
MY COMMISSION EXP	PIRES:			

## **Privacy Act Statement**

This privacy act statement is located on the back of the <u>FD-258 fingerprint card</u>.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to

Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/03/2018

## Record Access and Amendment Procedures

Your fingerprints will be used to check the criminal history records of the FBI. You have the right to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations, 16.34. Information regarding this process may be found at <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a> and <a href="https://www.edo.cjis.gov">https://www.edo.cjis.gov</a>.

NOTE: This form must be typed or legibly printed in blue or black ink. All applicable questions must be answered. Indicate not applicable questions by entering "N/A "(not applicable) in the proper field.
Incomplete forms and forms that are not legible will be returned without consideration.
If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered.
4. PERSONAL INFORMATION
Full Name (LAST, First, Middle)
5. CERTIFICATION OF TRAINING
Initial/Basic Training: (required to receive a SECURITY OFFICER or ARMED SECURITY OFFICER license)
☐ I certify that I have received a minimum of 8 hours of Initial/Basic training from a Certified Trainer.
<ul> <li>Summarize the training received in Section 6 of this form and provide proof of training received.</li> </ul>
Refresher Training: (required for renewal of a SECURITY OFFICER or ARMED SECURITY OFFICER license)
☐ I certify that I have received a minimum of 8 hours of Refresher Training from a Certified Trainer.
<ul> <li>Summarize the training received in Section 6 of this form and provide proof of training received.</li> </ul>
<b>Armed Security Officer Training:</b> (additional training required to receive or renew an ARMED SECURITY OFFICER license)
☐ I certify that I have received a minimum of 4 hours of initial Armed Security Officer training from a Certified Trainer. (Needed ONLY for initial licensure)
☐ I certify that I have received a minimum of 2 hours of annual refresher Armed Security Officer training from a Certified Trainer. (Needed for License <u>renewal</u> ONLY)
<ul> <li>Summarize the training received in Section 6 of this form and provide proof of training received.</li> </ul>
<b>Exemption:</b> I certify that I am exempt from the Initial/Basic Training requirement as permitted by §34-27C-8(d) for <b>ONE</b> of the following reasons.
☐ Within three years before applying to the Board, I have completed basic security training through a military, government, or security training institute that meets or exceeds the initial training required by the Board.
<ul> <li>Summarize the training received in Section 6 of this form and provide proof of training received.</li> </ul>
☐ I am employed by a Contract Security Company that has a training curriculum and standards that meet or exceed the basic training required by the Board.
<ul> <li>Identify the Contract Security Company that you are employed with in Section 3 of this form and provide proof of training received.</li> </ul>
☐ I am a sworn peace officer or a retired peace officer.
<ul> <li>Provide proof of status.</li> </ul>
☐ I have a minimum of five (5) years of continuous experience as a Security Officer or Armed Security Officer prior to applying to the Board.
<ul> <li>Summarize your continuous experience in Section 6 of this form, to include the name, business address, and contact telephone number for any Contract Security Company that you have worked for to satisfy the five (5) years of continuous experience required by this section.</li> </ul>
☐ I have less than five (5) years continuous experience as a Security Officer or Armed Security Officer but I have received training as required by §34-27C-8(a) from a person who has become a Certified Trainer as provided for in rules adopted by the Board during my current period of employment.
<ul> <li>Summarize your current period of employment in Section 6 of this form, to include the name, business address, and contact telephone number for any Contract Security Company that you have worked for.</li> </ul>
<ul> <li>Identify the Certified Trainer that you received training from, to include the Certified Trainer's Name and Certification Number, and provide proof of training received</li> </ul>

Summarize courses completed in training in this section. Attach any supporting documentation and/or certificates of training to this form and submit with your Application to the Board.
DESCRIPTION OF EXPERIENCE/TRAINING
Board Licensed Certified Trainer Name and License Number: