



ALABAMA SECURITY REGULATORY BOARD

2740 Zelda Road, Box #5

Montgomery, AL 36106

(334) 420-7234

Fax (334) 263-6115

CERTIFIED TRAINER CHECKLIST

- ☐ **ASRB PERSONAL LICENSE APPLICATION*** (check the appropriate Certified Trainer box)
 - ☐ 2 ea. Recent color pictures, separated, passport-style, **renewal no photos required**.
 - ☐ Military Separation documents if applicable (DD-214 or equivalent)
 - ☐ Proof of Age/Citizenship (copy of a current state-issued driver's license/non-driver I.D is sufficient)
- ☐ **ASRB AUTHORIZATION FOR RELEASE OF INFORMATION***
- ☐ **ASRB CERTIFICATION OF EXPERIENCE/TRAINING***

Cashier's Check, Money Orders, or Business checks from a Board-Licensed Contract Security Company for the following amounts: (Alabama Security Regulatory Board or ASRB)

Either:

- ☐ \$100.00: Certified Trainer 1 Certification fee (Certified Trainer 1 Late Fee \$50.00; Replacement fee \$10.00)

OR

- ☐ \$200.00: Certified Trainer 2 Certification fee (Certified Trainer 2 Late Fee \$100.00; Replacement fee \$10.00)

Submit all forms and payments to the Board at:

Alabama Security Regulatory Board

2740 Zelda Road, Box #5

Montgomery, AL 36106



ALABAMA SECURITY REGULATORY BOARD
PERSONAL LICENSE APPLICATION
2740 Zelda Road, Box #5
Montgomery, AL 36106
(334) 420-7234 Fax (334) 263-6115

FOR BOARD USE ONLY

BY: _____ Approved ☐

DATE: _____ Denied ☐

Each certified trainer requesting or renewing a license shall pay a nonrefundable security license fee of **CT1 \$100.00- CT2 \$200.00. Check made payable to ASRB Submit: 2 color photographs (passport size). Photographs must show the subject in a frontal portrait. License Renewal no photos are required.**

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.

This Application is for: ☐ New License/Certification
☐ License Renewal #: _____

License/Certifications Applied for: ☐ Certified Trainer 1 ☐ Certified Trainer 2

1. PERSONAL INFORMATION

Full Name (LAST, First, Middle)							Date of Birth (MM/DD/YYYY)	
Social Security Number	Race	Sex	Height	Weight	Eyes	Hair	Place of Birth (City, ST)	
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:							Co. License #:	

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.		
A		How Long?
B		
C		
D		

3. MILITARY SERVICE

Have You Ever Served in the Military?	From	To	Type of Discharge
<input type="checkbox"/> No <input type="checkbox"/> 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. EMPLOYMENT

STARTING WITH THE MOST RECENT, LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS (including part-time employment). All time must be accounted for. If unemployed for any time indicate by entering "Unemployed" in the 'Employer' field and enter the dates of unemployment. Use Additional Sheets if needed.

Employer Name, Address, & Telephone #	Dates		Position/Type of Work	Name of Supervisor	Reason for Leaving
	From	To			
A					
B					
C					
D					
E					

5. CRIMINAL HISTORY

Have You ever been arrested or charged with any violation (including traffic citations and UCMJ violations), misdemeanor, or felony? ☐No ☐Yes
(If 'Yes' provide details below, even if not formally charged, found 'Not Guilty', or if the charge was settled by payment of a fine or by pre-trial diversion)

Date	Jurisdiction	Charge	Final Disposition	Details (Use additional sheet if needed)

6. REFERENCES

LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF 3 UNRELATED AND DISINTERESTED PERSONS TO BE USED AS REFERENCES FOR BOARD INQUIRIES ABOUT YOUR STANDING, REPUTATION, AND CHARACTER.

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 keep Temporary License at the bottom of this page on my person at all times 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:

-X-----CUT-----X-----CUT-----X-----CUT-----X-

The person identified on this Temporary License has completed and signed an ASRB Personal License Application to be submitted to the Board.

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

F
O
L
D

ALABAMA SECURITY REGULATORY BOARD TEMPORARY PERSONAL LICENSE

Print Full Name

Date of Application
Certified Trainer __1__ __2__

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 Personal License is either granted or denied by the Board.



ALABAMA SECURITY REGULATORY BOARD
AUTHORIZATION FOR RELEASE OF INFORMATION
2740 Zelda Road, Box #5
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.

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If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered.

1. PERSONAL INFORMATION

Full Name (LAST, First, Middle)		Date of Birth (MM/DD/YYYY)
Aliases (any other name you have been known by; e.g., Maiden Name, Married Name, etc.... [DO NOT INCLUDE CASUAL NICKNAMES])		
Current Residence (Street Address, City, ST, ZIP)		
Home Phone	Cell Phone	E-Mail

2. DECLARATION OF UNDERSTANDINGS

I understand that the Alabama Security Regulatory Board (herein after, "the Board") will conduct any investigation deemed necessary to ensure that I fulfill all requirements for licensure by the Board.

I understand that a FBI and ABI Background Check will be done.

I understand that inquiry may be made regarding my residential history, employment history (to include disciplinary and training records), school records, financial records, or any other record, information, or knowledge deemed relevant by the Board.

I understand that inquiry may also be made into any history of controlled substance or alcohol abuse by me, and into my mental competency.

3. AUTHORIZATION, WAIVER AND RELEASE

I hereby authorize Alabama Security Regulatory Board (herein after, "the Board") to conduct a background investigation of me to determine my suitability for licensure by the Board.

I hereby waive any provision of law forbidding any court, law enforcement agency, credit reporting agency, employer, school or school official, financial institution, business, or person from disclosing to the Board any record, information, or knowledge concerning me and I give permission without restriction for any court, agency, business, or person to disclose any record, information, or knowledge concerning me to the Board.

I hereby release any court, law enforcement agency, credit reporting agency, employer, school or school official, financial institution, business, or person from any and all claims, demands, losses, suits, and actions of any kind, whether at law, in equity, through litigation or arbitration, in connection with any court, agency, business, or person acting in compliance with any request for records, information, or knowledge about me by the Board.

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

APPLICANT SIGNATURE

____ DAY OF _____, _____

DATE

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



ALABAMA SECURITY REGULATORY BOARD
CERTIFICATION OF EXPERIENCE/TRAINING
2740 Zelda Road, Box #5
Montgomery, AL 36106

FOR BOARD USE ONLY
BY: _____ Approved ☐
DATE: _____ Denied ☐

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If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered.

Certification Applied for: (Check One) ☐ Certified Trainer 1 ☐ Certified Trainer 2

4. PERSONAL INFORMATION

Full Name (LAST, First, Middle)

Date of Birth (MM/DD/YYYY)

5. REASON FOR CERTIFICATION OF EXPERIENCE

Certified Security Trainer 1 & 2:

- ☐ I certify that I have a minimum of 2 years supervisory experience with a contract security company, a proprietary company, or in federal, state, county, or municipal law enforcement. (summarize in the 'Qualifying Experience/Training' section)

AND

- ☐ I certify that I have a minimum of 1 year of experience in teaching security-related course (summarize in the 'Qualifying Experience/Training' section)

OR

- ☐ I certify that I have attended a board approved two-week instructor's course. (include copies of any supporting documentation)

Certified Security Trainer 2 **ONLY**:

- ☐ I certify that I am a Firearms Instructor as certified by an entity approved by the Board. (Include copies of any supporting documentation).

6. QUALIFYING EXPERIENCE/TRAINING

Summarize your experience and/or training that is relevant to your application to be a Certified Trainer.

Provide the Name, Address and telephone number for all persons, businesses, or agencies, referenced in your qualifying experience/training.

Attach any supporting documentation/certificates of training to this form and submit with your Application to the Board.

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

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

APPLICANT SIGNATURE

DATE

RECEIVED:

REVIEWED: