



**ALABAMA SECURITY REGULATORY BOARD**

**COMPANY LICENSE APPLICATION**

**2740 Zelda Road, Box #5**

**Montgomery, AL 36106**

**(334) 420-7234**

**Fax (334) 263-6115**

**CONTRACT SECURITY COMPANY APPLICATION CHECKLIST**

- ☐ Completed ASRB **COMPANY LICENSE APPLICATION \***
  - ☐ **CERTIFICATE OF GOOD STANDING** from Alabama Dept. of Revenue (if Domestic Corporation)  
**OR**
  - ☐ **CERTIFICATE OF AUTHORITY** from Alabama Secretary of State (if Foreign Corporation)
- ☐ Certificate(s) of Insurance (see Code of Alabama, §34-27C-6)

Have the Qualifying Agent complete the following forms. **If QA license is current/active** only submit pages 1 and 2 with copy of insurance and registration with Secretary of State.

- ☐ ASRB **PERSONAL LICENSE APPLICATION\*** (check the 'Qualifying Agent' box)
  - ☐ 2 ea. Recent color pictures, separated, passport-style
  - ☐ 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\***

Have the Qualifying Agent complete the following ABI forms:

- ☐ **CRIMINAL HISTORY INFORMATION RELEASE FORM\*** (ALEA Form)
- ☐ 2 ea. **APPLICANT** fingerprint cards w/ rolled fingerprints of applicant

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

- ☐ \$250.00: Contract Security Company License fee (Late fee \$125.00; Replacement fee \$50.00)
- ☐ \$112.00: Qualifying Agent Personal License fee (Late fee \$25.00; Replacement fee \$10.00)

**Submit all forms and checks to the Board at:**

**Alabama Security Regulatory Board  
2740 Zelda Road, Box #5  
Montgomery, AL 36106**

**\*: Form must be notarized (ALEA Release can be witnessed by 2 persons)**



**ALABAMA SECURITY REGULATORY BOARD**  
**COMPANY LICENSE APPLICATION**  
**2740 Zelda Road, Box #5**  
**Montgomery, AL 36106**

FOR BOARD USE ONLY

BY: \_\_\_\_\_ Approved ☐  
DATE: \_\_\_\_\_ Denied ☐

Each contract security company requesting or renewing a license shall pay a security license fee of **\$250.00**. 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" 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 ☐ License Renewal (License #: \_\_\_\_\_)

**1. COMPANY INFORMATION**

Company Name (The name under which the Company will be Licensed)

Fictitious/DBA Name (The name under which the Company will be engaged in regulated activities if different than the Company Name)

Business Address (Physical Location) (Street Address, City, ST, ZIP)

Mailing Address (If different from Business Address) (Street Address/P.O. Box #, City, ST, ZIP)

Business Phone

Business Fax

Business E-Mail

Business Type: ☐ Single Owner ☐ Partnership ☐ Domestic Corporation ☐ Foreign Corporation

Domestic Corporations must submit a Certificate of Good Standing from the Alabama Department of Revenue with this Application.

Foreign Corporations must submit a Certificate of Authority from the Alabama Secretary of State with this Application.

(Submitted Certificates must be originals and must be dated less than 30 days prior to the date this Application is received by the Board)

**2. COMPANY PERSONNEL**

**LIST ALL PARTNERS, PRINCIPAL OFFICERS, DIRECTORS, AND BUSINESS MANAGERS OF THE BUSINESS** (Use additional sheets if needed).

Full Name (LAST, First, Middle)	Title/Position	Home Address (Street Address, City, ST, ZIP)
A		
B		
C		
D		
E		
F		
G		
H		

### 3. QUALIFYING AGENT

Full Name (LAST, First, Middle)		Date of Birth (MM/DD/YYYY)
Home Address (Street Address, City, ST, ZIP)		
Home Phone	Cell Phone	E-Mail
Submit the Qualifying Agent's complete "APPLICATION FOR PERSONAL LICENSE" and "CERTIFICATION OF EXPERIENCE" with this Application.		

### 4. AFFIRMATION OF UNDERSTANDINGS

By signing below, the Qualifying Agent affirms they understand the following;

1. After this application is submitted, the Company may continue regulated activities until the Alabama Security Regulatory Board (the Board) notifies the Qualifying Agent of either an approval or denial of the Company license which will occur within a reasonable time following receipt of the application.
2. A certified copy of the completed application as submitted to the Board must be conspicuously posted in ALL offices of the Contract Security Company in the State of Alabama.
3. The Board will conduct a comprehensive review of the Application and may conduct additional checks and verifications as determined by the Board.
4. The Qualifying Agent must ensure that the Company complies with all relevant laws, as well as all rules and regulations promulgated by the Board at all times that the Company is performing any activity regulated by the Board.
5. Licensure with the Board is a privilege, not a right, and a Board license may be revoked for violation of any law, rule, or regulation deemed relevant by the Board.
6. Making false statements or providing false information to the Board is grounds for denial/revocation of licensure.

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

\_\_\_\_\_  
SIGNATURE OF QUALIFYING AGENT

\_\_\_\_\_  
DATE

RECEIVED:

REVIEWED:

**ALABAMA SECURITY REGULATORY BOARD****Qualifying Agent Application****2740 Zelda Road, Box #5****Montgomery, AL 36106**

FOR BOARD USE ONLY

BY: \_\_\_\_\_ Approved ☐DATE: \_\_\_\_\_ Denied ☐

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.

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

License/Certifications Applied for: ☐ Qualifying Agent Certification

**5. 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: (MANDATORY)							Co. Lic. #: (if available)	

**6. 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	

**7. 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.**

## 8. 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					

## 9. CRIMINAL HISTORY

**Have You ever been convicted of a misdemeanor, or felony?** ☐ No ☐ Yes

(If 'Yes' provide details below along with supporting documents and or copy of Pardon)

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

## 10. 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	

## Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

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 <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.*

## AFFIRMATION OF UNDERSTANDINGS

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

7. 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.
8. Making false statements to or providing false information to the Board is grounds for denial/revocation of licensure.
9. 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.
10. 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.
11. 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.
12. 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.
13. If the Board denies personal licensure, I can appeal the denial decision to the Board following the procedures on the Alabama Administrative Procedures Act.
14. 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.

## 11.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  
Qualifying Agent Certification

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**

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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 State 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**



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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: ☐ Qualifying Agent

**4. PERSONAL INFORMATION**

Full Name (LAST, First, Middle)

Date of Birth (MM/DD/YYYY)

**5. REASON FOR CERTIFICATION OF EXPERIENCE**

Qualifying Agent for: \_\_\_\_\_  
(Name of Contract Security Company)

- ☐ I certify that I have a minimum of 3 years' experience as a manager, supervisor, or administrator with a contract security company. (summarize in the 'Qualifying Experience/Training' section)

**OR**

- ☐ I certify that I have a minimum of 3 years of supervisory experience with any federal, military, state, county, or municipal law enforcement agency. (summarize in the 'Qualifying Experience/Training' section)

Further;

- ☐ I certify that I am an employee of the Contract Security Company that I will serve as Qualifying Agent for.
- ☐ I certify that I am not a Qualified Agent for any other Contract Security Company licensed by the Alabama Security Regulatory Board.
- ☐ I certify that I understand that I may not serve as the Qualifying Agent for more than one Contract Security Company licensed by the Alabama Security Regulatory Board without prior written approval of the Board.

**AND**

- ☐ I understand that I must submit a complete "PERSONAL LICENSE APPLICATION" to the Board.

**OR**

- ☐ I am currently licensed by the Board. License #: \_\_\_\_\_

## 6. QUALIFYING EXPERIENCE/TRAINING

Summarize your experience and/or training that is relevant to your application to be a Qualifying Agent.

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.

[illegible]