



ALABAMA SECURITY REGULATORY BOARD

PERSONAL LICENSE APPLICATION

2740 Zelda Road, Box #5

Montgomery, AL 36106

PERSONAL APPLICATION CHECKLIST

- ☐ **ASRB PERSONAL LICENSE APPLICATION*** (check the appropriate 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 (Two (2) copies of a current state-issued driver's license/non-driver I.D is sufficient)
- ☐ **ASRB CERTIFICATION OF TRAINING***
- ☐ **ASRB AUTHORIZATION FOR RELEASE OF INFORMATION***
- ☐ **CRIMINAL HISTORY INFORMATION RELEASE FORM*** (ALEA Release Form)
- ☐ 2 ea. **APPLICANT** fingerprint cards

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)

- ☐ \$112.00: Personal License fee (Late fee \$25.00; Replacement fee \$10.00)

Submit all forms 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**

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 **112.00**. **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 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	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)	

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 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)

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 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

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

APPLICANT SIGNATURE _____

DATE _____

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: _____

ALABAMA SECURITY REGULATORY BOARD TEMPORARY PERSONAL LICENSE

Print Full Name

F
O
L
D

Date of Application

☐ Security Officer ☐ Armed Security Officer

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.

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.

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: _____

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>.

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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.
 - o Summarize the training received in Section 6 of this form and provide proof of training received.

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.
 - o Summarize the training received in Section 6 of this form and provide proof of training received.

Armed Security Officer Training: (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 renewal ONLY)
 - o Summarize the training received in Section 6 of this form and provide proof of training received.

Exemption: I certify that I am exempt from the Initial/Basic Training requirement as permitted by §34-27C-8(d) for ONE 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.
 - o Summarize the training received in Section 6 of this form and provide proof of training received.
- ☐ 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.
 - o Identify the Contract Security Company that you are employed with in Section 3 of this form and provide proof of training received.
- ☐ I am a sworn peace officer or a retired peace officer.
 - o Provide proof of status.
- ☐ 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.
 - o 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.
- ☐ 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.
 - o 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.
 - o 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

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: _____

[illegible]