ALABAMA SECURITY REGULATORY BOARD



PERSONAL GUARD LICENSE, CERTIFIED TRAINER, and QUALIFYING AGENT CERTIFICATION RENEWAL

2740 Zelda Road, Box #5

Montgomery, AL 36106

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

Renewing a Security Guard license requires: Two (2) Fingerprint Cards, One (1) Copy of Driver's License. One (1) \$112.00 non-refundable license fee in the form of a Company check, cashier's check or money order made payable to ASRB. Certified Trainers does not require a background check, do not submit fee or fingerprint cards. Certified Trainer 1 license fee \$100.00 - \$50.00 late fee Certified Trainer 2 license fee \$200.00 - \$100.00 late fee

All applicable questions must be answered. Indicate not applicable questions by entering "N/A "(not applicable) in the proper field. Certification of Training is not required for Certified Trainer 1 or 2. Attach any new Certifications acquired during the last two years not submitted with original application. This Application is for: License or Certified Trainer Renewal (License #: ☐ Certified Trainer 1 ☐ Certified Trainer 2 fire required) Qualifying Agent Certification PERSONAL INFORMATION Full Name (First, Middle, Last) Date of Birth (MM/DD/YYYY) Social Security Number Home Phone Cell Phone E-Mail **Contract Security Company Currently Working For: RESIDENCE** Current Residence (Street Address, City, ST, ZIP) **CRIMINAL HISTORY** Have You ever been convicted of a misdemeanor, or felony last 2 years? \Box No \Box Yes (If 'Yes' provide details below along with supporting documents and or copy of Pardon) **Details** Jurisdiction (Use additional sheet if needed) Date Charge **Final Disposition**



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CERTIFICATION OF TRAINING

2740 Zelda Road, Box #5

Montgomery, AL 36104		
NOTICE to a state for more of forms that are contactly state of the st		
NOTICE: Incomplete forms and forms that are not legible will be returned without consideration.		
License/Certifications Renewing: (Check One) □ Security Officer □ Armed Security Officer □ Qualifying Agent Certification		
****No Certification of Training Required for Certified Trainers Certification Renewal****		
Full Name (LAST, First, Middle)		
CERTIFICATION OF TRAINING		
Define the a Training of the anniand for any annual of a CECUDITY OFFICED on ADMED CECUDITY OFFICED		
Refresher Training: (required for <u>renewal</u> of a SECURITY OFFICER or ARMED SECURITY OFFICER license)		
incerise)		
 I certify that I have received a minimum of 8 hours of Refresher Training from a Certified Trainer. 		
 Summarize the training received in Section 3 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 <u>renewal</u> ONLY)		
 Summarize the training received in Section 3 of this form and provide proof of training received. 		
Exemption: I certify that I am exempt from the Training requirement.		
☐ I am a sworn peace officer.		
 Provide proof of status-Background check still required. 		
3. DESCRIPTION OF EXPERIENCE/TRAINING		

Summarize courses completed or attach supporting documentation and/or certificates of training to			
this form and submit with your Application to the Board.			
ASRB Licensed Certified Trainer- Name and License Number:			

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.

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

- 1. <u>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.</u>
- 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 State and FBI criminal history background check.			
5.	5. 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.			
6.	If the Board denies personal licensure, I can appeal the denial decision to the Board following the procedures on the Alabama Administrative Procedures Act.			
7.	I must comply with all relevant laws, as well as all rules a any activity regulated by the Board.	and regulations always promulgated by the Board when performing		
1. MANDATORY SWORN DECLARATIONS				
By signing below, I certify and declare that.				
1. 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.				
2.	2. 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.			
3.	3. I am not suffering from habitual drunkenness or from narcotics addiction or dependence.			
4.	4. All information I have provided to the Board is true and accurate.			
STATE OF ALABAMA, COUNTY OF		By signing this document, the applicant affirms under penalty of perjury that the information provided is factually truthful.		
SUBS	SCRIBED AND SWORN TO BEFORE ME THIS	APPLICANT SIGNATURE		
	DAY OF,,			
		DATE		
NOT	ARY PUBLIC			
MY (COMMISSION EXPIRES:			

-XCUT	
The person identified on this Temporary License has completed and signed an ASRB Personal License Application to be submitted to the Board.	ALABAMA SECURITY REGULATORY BOARD TEMPORARY PERSONAL LICENSE
STATE OF ALABAMA, COUNTY OF	
SUBSCRIBED AND SWORN TO BEFORE ME THIS	
DAY OF F O L	Print Full Name
n	Date of Application
NOTARY PUBLIC	☐ Security Officer ☐ Armed Security Officer ☐ CT 1 / CT 2 (Trainers)
MY COMMISSION EXPIRES:	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.