



ALABAMA SECURITY REGULATORY BOARD

COMPANY LICENSE APPLICATION

2777 Zelda Road

Montgomery, AL 36106

(334) 269-9990

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)
- Completed ABI **EMPLOYER CERTIFICATION STATEMENT**
 - This form must be signed by an Owner, Partner, or Principal Officer of the company.
- Certificate(s) of Insurance (see Code of Alabama, §34-27C-6)

Have the Qualifying Agent complete the following forms;

- 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 (copy of a current state-issued driver's license/non-driver I.D. is sufficient)
 - Proof of Citizenship or Resident Alien Status (copy of a current state-issued driver's license/non-driver I.D. is sufficient)
- ASRB **CERTIFICATION OF TRAINING***
- 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*** (ABI-46) (**DO NOT SIGN SECTION 2**)
- 2 ea., **APPLICANT** fingerprint cards w/rolled fingerprints of applicant (Leave ORI and Reason BLANK)

Certified Check, Money Order, or Cashier's Checks for the following amounts;

- \$200.00: Contract Security Company License fee (to: Alabama Security Regulatory Board: Payee: ASRB)
- \$25.00: Qualifying Agent Personal License fee (to: Alabama Security Regulatory Board: Payee: ASRB)
- \$44.25: ABI Background check fee (certified check, money order or cashier's check ONLY, to: Alabama Bureau of Investigation)

Submit all forms and payments to the Board at: Alabama Security Regulatory Board
2777 Zelda Road
Montgomery, AL 36106

*** : Form must be notarized (ABI-46 can be witnessed by 2 persons instead)**



ALABAMA SECURITY REGULATORY BOARD
COMPANY LICENSE APPLICATION
 2777 Zelda Road
 Montgomery, AL 36106
 (334) 269-9990
 Fax (334) 263-6115

FOR BOARD USE ONLY

BY: _____ Approved
 DATE: _____ Denied

Each contract security company requesting or renewing a license shall pay a security license fee of \$200.00. ***(Cashier's check or money order only)***

If the license is not issued or renewed, the Board shall **refund \$100.00** of the fee to the company.

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 (Lic. #: _____)

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		
I		
J		

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 _____,

SIGNATURE OF QUALIFYING AGENT

DATE

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

RECEIVED: _____

REVIEWED: _____

**The Private Security Officer
Employment Authorization Act of 2004
Public Law 108 – 458**

EMPLOYER CERTIFICATION STATEMENT

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

ADDITIONAL IDENTIFIERS: _____

(State Business license numbers, tax ID numbers, etc.)

Under Title 28, Code of Federal Regulations (CFR), Section 105.23 (a), before an authorized employer may request a criminal history record information (CHRI) check of a private security officer (PSO) from a participating state, the authorized employer must provide the participating state with an executed certification, developed by the State Identification Bureau or relevant state agency, for the purpose of processing requests for the CHRI checks under the Private Security Officer Employment Authorization Act of 2004.

For the purpose of certifying the status of the above listed agency as an authorized employer under 28 CFR § 105.23, I hereby declare, on behalf of the above listed agency, that:

- 1.) I am authorized under applicable state law to certify the status of the above listed agency as an authorized employer under 28 CFR § 105.23;
- 2.) The above listed agency is an authorized employer, as defined in 28 CFR § 105.22 (a), that employs PSOs; and that
- 3.) Only requests for CHRI checks of prospective and current PSOs of the above listed agency will be submitted.

I further declare that the information obtained as a result of the state and national criminal history record check, including any determination by a state agency, will be used solely for the purpose of screening the prospective and current PSOs of the above listed agency, and that the above listed agency as an authorized employer, will abide by other regulatory obligations.

Pursuant to applicable state law, I declare that the foregoing is true and correct to the best of my knowledge and belief.

Executed this _____ of _____, 20____.

Declarant signature

Declarant name (print)



ALABAMA SECURITY REGULATORY BOARD

PERSONAL LICENSE APPLICATION

2777 Zelda Road

Montgomery, AL 36106

(334) 269-9990 Fax (334) 263-6115

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 \$25.00. (cashier's check, money order, or business check from a licensed Contract Security Company only)

ABI-46 Must be completed and returned with two completed figure print cards along with Criminal Background check fee \$44.25. One certified check, money order or cashier's check in the amount of \$44.25 made payable to Alabama Bureau of Investigation is required.

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/Certification Renewal (Lic/Cert #: _____)

License/Certifications Applied for: (Check One)
 Security Officer Armed Security Officer
 Qualifying Agent Certification Certified Trainer 1 Certified Trainer 2

1. PERSONAL INFORMATION

Form section for personal information including fields for Full Name, Date of Birth, Social Security Number, Race, Sex, Height, Weight, Eyes, Hair, Place of Birth, Aliases, Home Phone, Cell Phone, and E-Mail.

2. RESIDENCES

Form section for residences including a table for Current Residence and a list for Prior Residential Addresses (A, B, C, D) with columns for address and How Long.

3. MILITARY SERVICE

Form section for military service with a table for Have You ever Served in the Military? including columns for From, To, and Type of Discharge.

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

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

APPLICANT SIGNATURE

DATE

RECIEVED:

REVIEWED:

CRIMINAL HISTORY REC'D:

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

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
CERTIFICATION OF TRAINING
2777 Zelda Road
Montgomery, AL 36106

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

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.

License Applied for: (Check One) Security Officer Armed Security Officer

1. PERSONAL INFORMATION

Full Name (LAST, First, Middle)

Date of Birth (MM/DD/YYYY)

2. 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 3 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 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 renewal ONLY)
 - o 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 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 3 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 3 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 3 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

3. DESCRIPTION OF EXPERIENCE/TRAINING

Summarize your experience and/or training in this section. Attach any supporting documentation and/or 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 _____,

APPLICANT SIGNATURE

DATE

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

RECEIVED:

REVIEWED:



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

2777 Zelda Road
Montgomery, AL 36106
(334) 269-9990 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 inquiries will be made regarding my criminal history.

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 _____ DAY OF _____,

APPLICANT SIGNATURE

DATE

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



ALABAMA SECURITY REGULATORY BOARD
CERTIFICATION OF EXPERIENCE/TRAINING
2777 Zelda Road
Montgomery, AL 36106

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

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.

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

1. PERSONAL INFORMATION

Full Name (LAST, First, Middle)

Date of Birth (MM/DD/YYYY)

2. 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 #: _____

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).

ABI – 46 - Criminal History Release Form

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY INFORMATION RELEASE FORM

Section 1 – APPLICANT INFORMATION

Enter last name, first name, middle name and any other names used (including maiden name, surname and any aliases).

Enter address, city, state and zip code, date of birth (MM/DD/YYYY), Social Security number, race and sex for whom the criminal history record is being conducted on.

The codes for race are as follows:

Asian	(A)	Indian	(I)
Black	(B)	White	(W)
Hispanic	(H)	Other	(O)

Section 2- AFFIDAVIT FOR RELEASE OF INFORMATION

Enter name, **COMPLETE** mailing address, Agency or person to receive results. **(THIS INCLUDES THE PERSON REQUESTING THEIR OWN RECORD)**

Affidavit **MUST** be signed by **APPLICANT** and be **WITNESSED** by two (2) individuals **OR** **NOTARIZED**.

A \$25.00 payment **MUST** be made by Money Order or Certified Check for each individual and must be included with ABI – 46. Please make payable to the Alabama Bureau of Investigation.

PERSONAL CHECKS WILL NOT BE ACCEPTED

For Immigration or Fingerprint based background checks, please contact the ABI – Identification Unit at (334)353-4340 for further information.

Incomplete information will result in form being returned

(*) Indicates required information

