



State of Utah

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Telephone (801) 530-6628
www.dopl.utah.gov

BURGLAR ALARM COMPANY AGENT APPLICATION

(Note: Microsoft Word users can fill in the blanks, print the form and save it for their records)

Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.				
Last Name:		First Name:		Middle Name:
Social Security Number: - -			Maiden Name:	
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:	
<input type="checkbox"/> Female				
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

Employing Alarm Company:		Company License Number:		
Mailing Address:		City:	State:	ZIP Code:
Employer Contact:	Contact Phone:	Contact E-Mail:		

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY	
License/Certificate Number: _____	<input type="checkbox"/> Application Complete
Date License/Certificate Approved/Denied: ___/___/___	<input type="checkbox"/> Qualifying Questionnaire
Temporary Approved/Denied By: _____	<input type="checkbox"/> Copy of Drivers License / Valid ID
Approved/Denied By: _____	<input type="checkbox"/> UCCH: Date: _____
Reason for Denial/Other Comments: _____	<input type="checkbox"/> Temporary Form (if required)
	<input type="checkbox"/> Fingerprint Returned

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ___ / ___ / _____

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer the questions. Do not leave any question blank.

(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. If you become licensed in the profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (<i>i.e. plea in abeyance or deferred sentence</i>)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever been incarcerated for any reason in any correctional facility (<i>domestic or foreign</i>) in any jurisdiction or on probation/parole in any jurisdiction?
	<p>If you answered "yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "yes" to Questions 13, 14, 15, 16, or 17 you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).</p> <p>If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.</p> <p>If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.</p> <p>A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.</p>

Printed Name of Applicant: _____

Signature of Applicant: _____ Date of Signature: ____/____/____ (mm-dd-yyyy)

BURGLAR ALARM COMPANY AGENT APPLICATION

APPLICATION CHECKLIST

(This checklist is for your convenience—do not include it with your application)

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is subclassified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required for a full and complete application:

1. Submit a **\$100.00** non-refundable application-processing fee, made payable to “DOPL”. The fee is comprised of a \$60.00 application fee, a \$20.00 surcharge for a BCI fingerprint file search and a \$20.00 surcharge for a FBI fingerprint file search.
2. Submit fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI).
 - Electronic fingerprinting can be done at the DOPL’s office – (160 East 300 South, Salt Lake City, UT), 8:00 a.m. to 4:30 p.m., Monday through Friday, except holidays. Applicants that arrive late in the day without leaving sufficient time to be processed will be turned away. For DOPL applicants that have paid the required non-refundable fees, *there is no additional cost* for DOPL to roll and scan the fingerprints electronically. A current government issued driver's license or identification card issued by Washington D.C. or a state of the United States of America.
 - If you are unable to obtain electronic fingerprints at DOPL’s office, you must include two (2) blue fingerprint cards (Form FD-258) with your application. To have your fingerprints rolled onto the blue fingerprint cards, you must go to BCI or a local police station. Fingerprint cards can be obtained from the agency that rolled your fingerprints.
 - BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:
 - Submit 3 fingerprint cards
 - Website: www.bci.utah.gov
 - Walk-ins only; no appointments Mon-Fri 8a-5pm
 - 3888 W 5400 S Taylorsville, UT 84118
(1/2 block west of Bangarter Highway, behind McDonalds) (801)965-4569
 - **REVIEW OF YOUR FBI RECORD:** If you wish to challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI, Criminal Justice Information Services (CJIS) Division, Attn. SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.
3. Submit a clear and readable copy of a current government issued driver's license or identification card issued by Washington D.C. or a state of the United States of America.
4. If you are applying for a Temporary Permit for Call Center, Office or Administrative burglar alarm company position, complete this application, submit it to your employer and have your employer contact DOPL directly.

Submit the above items, as well as any supporting documentation, to:

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City, UT 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 1 st Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

For Questions or Other Information:

- **Phone:** (801) 530-6628
- **Toll-free:** (866) 275-3675 (*Utah only*)
- **Website:** http://dopl.utah.gov/licensing/burglar_alarm.html