

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

- Contract Security Company**
- Armored Car Company**

APPLICANT INFORMATION

Business Legal Name _____
**Note: If you are a Sole Proprietor, this is your legal name.*

DBA (if applicable): _____

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ **Email:** _____

Local Contact for Licensing Purposes: _____

Phone: _____ **Email:** _____

AFFIDAVIT AND RELEASE

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 all supporting document(s) are true and correct, 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, organizations, governmental agencies, or any others not specifically listed, 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 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.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Authorized Signer: _____ Date: _____

Printed Name of the Authorized Signer: _____

Position of Authorized Signer: _____

BUSINESS ORGANIZATION

Please select entity type:

- Business Trust
- Corporation
- General Partnership
- Limited Liability Company
- Limited Partnership
- Limited Liability Partnership

If registered as one of the above entities in Utah, complete Section 1 below.

- Sole Proprietorship
If registered as sole proprietorship, complete Section 2 below.

Section 1: To be completed by Trust, Corporation, GP, LLC, LP and LLP applicants only.

UT Division of Corporation Registration Number: _____ Tax Id Number: _____

Select one: Domestic Foreign Is this company publicly traded? Yes No

DBA (if applicable) : _____ DBA Registration Number: _____

**It is required that all entities doing business in Utah register with the Division of Corporation and Commercial Code.*

I understand that in all areas of this application the words “you”, “I” and “applicant” apply to the entity listed above and all subsidiaries, owners, officers, managers, qualifiers and prior entities for which these individuals have been involved.

Signature of Authorized Signer: _____ Date: _____

Printed Name of the Authorized Signer: _____

Position of Authorized Signer: _____

Section 2: To be completed by Sole Proprietorship applicants only.

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Drivers License or State Id Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver’s License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

If applicable, please complete the following:

UT Division of Corporation Registration Number: _____ Tax Id Number: _____

DBA: _____ DBA Registration Number: _____

QUALIFYING QUESTIONNAIRE

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

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.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	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?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	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?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	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?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	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 applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	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?
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	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? *
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	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?*

***NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

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 **9,10,11** or **12** you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- probation/parole officer report(s)

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.

PAYROLL

Select one:

The applicant:

- has employees and appropriate workers compensation insurance is in force and will be maintained. A copy of our workers compensation certificate is included with this application.*
Additionally, you must register with the Department of Workforce Services Unemployment Insurance, please provide your registration number: _____ OR Enclose a copy of your signed contract with a registered PEO*
* See checklist at the end of this application for additional instructions.
- does not now hire employees and does not intend to hire employees within the foreseeable future.

OWNERSHIP LISTING

Please complete the following information for all officers, directors, shareholders owning more than 5% of the stock of the company, partners, proprietors and responsible management personnel. Please make additional copies as needed.

Full Legal Name: _____
First *Middle* *Last*

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Position Held: _____

Is this individual a Licensed Security Officer? Yes No If yes, license number: _____

Full Legal Name: _____
First *Middle* *Last*

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Position Held: _____

Is this individual a Licensed Security Officer? Yes No If yes, license number: _____

Full Legal Name: _____
First *Middle* *Last*

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Position Held: _____

Is this individual a Licensed Security Officer? Yes No If yes, license number: _____

Full Legal Name: _____
First *Middle* *Last*

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Position Held: _____

Is this individual a Licensed Security Officer? Yes No If yes, license number: _____

Full Legal Name: _____
First *Middle* *Last*

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Position Held: _____

Is this individual a Licensed Security Officer? Yes No If yes, license number: _____

All individuals listed must submit two (2) Fingerprint Cards and a \$40.00 fingerprint processing fee to complete a BCI and FBI background check, see the "Checklist and Instructions" at the end of this application for more information.

QUALIFIER EXPERIENCE AND EXAMINATION

If you have more than one qualifier, you must complete this section for each individual. Please make addition copies as needed.

To be completed by the applicant:

Qualifier's Full Legal Name: _____
First Middle Last

Utah Security Officer License: _____ Exp Date: _____

Previously approved as a qualifier for DOPL License (if applicable): _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Association with Security Company: Owner Director Partner W-2 Employee in Management Position

Each qualifier for a Contract Security Company is required to pass the Utah Security Personnel Qualifying Agent's Examination and each qualifier for an Armored Car Company is required to pass the Utah Armored Car Qualifying Agent Examination. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the examinations. Submit the fees directly to the testing agency. Do not submit your application until you have passed all required exams.

In addition to passing the required exams, each qualifier must provide the following items to complete the application:

- Current resume.
- Documentation of at least 6,000 hours of qualifying experience. Please select one:
 - Previously approved qualifier for Utah license listed above for at least 3 years.
 - Provide documentation of 6,000 hours paid employment experience as a manager, supervisor or administrator of an armored car company or contract security company **AND** W2s from the company below OR tax returns showing ownership distribution from the company covering the time listed below.
 - Provide documentation of 6,000 hours paid supervisory experience with a federal, United States military, state, county, or municipal law enforcement agency **AND** W2s from the company below OR tax returns showing ownership distribution from the company covering the time listed below

Note: If your experience was completed with more than one employer, each must complete a separate form.

To be completed by the Supervisor.

Name of Company _____

Name of Supervisor: _____ License Number: _____

Establishment Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ Email: _____

Dates of Employment/Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Total Hours of Management or Administration Experience: _____

Total Hours of Paid Experience: _____

Is the applicant currently employed with the facility? Yes No

If no, is the applicant re-hirable? Yes No, Please explain: _____

I do hereby certify that the information provided above is true and accurate. I further certify that the applicant is qualified and competent to practice as a Contract Security Company or Armored Car Company Qualifier.

Signature of Supervisor: _____ Date: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

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 sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required to complete your application

- \$330.00 non-refundable application processing fee.
- Supporting documentation for any “yes” answers provided on the “Qualifying Questionnaire”. See page 3 of the application for more information.
- General Liability Insurance Certificate: The certificate must include the name and address of the insured (which must match the name and address on the application exactly), policy number, expiration date, the insurance company and contact information, a minimum required coverage of:
 - Armored Car Company: \$500,000 for each incident and \$2,000,000 in total.
 - Contract Security Company: \$300,000 for each incident and \$1,000,000 in total.Additionally, the certificate holder must be named as DOPL at PO Box 146741, Salt Lake City, UT 84114-6741.
- Proof of Workers Compensation Insurance (*if applicable*).
- Copy of signed PEO contract (*if applicable*).
- Supporting documentation as outlined in the Qualifier Education and Examination section. (See page 5 of this application.)
- Fingerprints for all individuals listed on the Ownership Listing (page 4 of this application) and for the Qualifier (page 5 of this application).
 - **Please Note:** Fingerprint services are available, with no additional charge for DOPL applicants, at DOPL’s office (160 E 300 S Salt Lake City) from 8:00am to 4:30pm. Applicants that arrive late in the day without leaving sufficient time to be processed may be turned away. **Valid government issued ID (ie US Driver’s License, State ID, Passport or US Military ID) is required.** If you are unable to obtain fingerprints at DOPL’s office, you must include two (2) completed blue fingerprint cards (Form FD-258) with your application.
 - **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.
- \$40.00 fingerprint processing fee *for each* individual that is required to be fingerprinted.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741