

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

SECURITY PERSONNEL:
ARMED PRIVATE SECURITY OFFICER or
UNARMED PRIVATE SECURITY OFFICER

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a) (13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

If you are applying for licensure as an **armed private security officer**, complete the following in addition to submitting a completed application:

1. Bring your completed application to DOPL's offices (*160 E. 300 S., Main Lobby, Salt Lake City, UT*) to complete electronic fingerprinting using DOPL's Identix equipment.

OR

Submit **two** applicant fingerprint cards (*Form FD-258: white with blue lines*) to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). See "Additional Important Information."

2. Submit a copy of your driver's license or identification card issued by a state or territory of the United States or District of Columbia clearly indicating your driver's license number or ID number.
3. Submit a "Certification of Completing 24 Hours of Basic Classroom Instruction" (*form attached to this application*) documenting the successful completion of at least 24 hours of basic armed classroom instruction consistent with Sections R156-63a-602, and 603 of the Security Personnel Licensing Act Rules.
4. Submit a "Certification of Completion of Firearms Instruction" form (*attached to this application*) documenting the successful completion of at least six hours of classroom firearms instruction and

at least six hours of firearms instruction on the range consistent with Sections R156-63a-602, and 604 of the Security Personnel Licensing Act rules.

5. Submit a **\$100.00** non-refundable application-processing fee, made payable to “DOPL,” that includes a \$60.00 application fee, a \$20.00 surcharge for a BCI Utah Criminal History file and fingerprint file search, and a \$20.00 surcharge for a FBI fingerprint file search.

If you are applying for licensure as an **unarmed private security officer**, complete the following in addition to submitting a completed application:

1. Bring your completed application to DOPL’s offices (*160 E. 300 S., Main Lobby, Salt Lake City, UT*) to complete electronic fingerprinting using DOPL’s Identix equipment.

OR

Submit **two** applicant fingerprint cards (*Form FD-258: white with blue lines*) to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). See “Additional Important Information.”

2. Submit a copy of your driver’s license or identification card issued by a state or territory of the United States or District of Columbia clearly indicating your driver’s license number or ID number.
3. Submit a “Certification of Completing 24 Hours of Basic Classroom Instruction” (*form attached to this application*) documenting the successful completion of at least 24 hours of basic unarmed classroom instruction consistent with Sections R156-63a-602, and 603 of the Security Personnel Licensing Act Rules
4. Submit a **\$100.00** non-refundable application-processing fee, made payable to “DOPL,” that includes a \$60.00 application fee, a \$20.00 surcharge for a BCI Utah Criminal History file and fingerprint file search, and a \$20.00 surcharge for a FBI fingerprint file search.

ADDITIONAL IMPORTANT INFORMATION:

1. **Basic Education and Training:** New education and training requirements have been established for Armed and Unarmed Private Security Officers. See R156-63a-603 of the Security Personnel Licensing Act Rules for details.

The following is a summary of education components for armed and unarmed officers: legal responsibilities, situational response evaluations, use of force, report writing, patrol techniques, police and community relations, and sexual harassment in the work place.

An applicant must pass a final examination on the 24 hours of basic education and training with a minimum score of 80%

2. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov.

- Division of Occupational & Professional Licensing Act
- General Rules of the Division of Occupational & Professional Licensing
- Security Personnel Licensing Act
- Security Personnel Licensing Act Rules

3. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.

4. **Fingerprint Information:** All applicants are required to undergo a criminal background check and fingerprint search through the files of the Bureau of Criminal Identification (BCI) and the

Federal Bureau of Investigation (FBI). **Fingerprint cards that are not complete and/or properly rolled will be rejected, delaying the licensure process.**

To expedite the licensure process, you can obtain electronic fingerprinting at DOPL's offices (160 E. 300 S., Salt Lake City, UT), 8:00 a.m. to 5:00 p.m., Monday through Thursday, except holidays.

Currently, there is no fee to roll electronic fingerprints for DOPL licensure applicants. A current government issued picture ID is required.

If you are unable to obtain electronic fingerprints at DOPL's office, you must include two blue fingerprint cards (Form FD-258) with your application. Fingerprint cards are supplied with the application if obtained from DOPL. If you downloaded the application from the Internet, you may obtain fingerprint cards from DOPL, the Bureau of Criminal Identification (BCI), or your local police station. **To have your fingerprints rolled onto the blue fingerprint cards, you must go to BCI or a local police station.**

BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:

- Check with BCI for pricing of their services
- Walk-ins only; no appointments taken
- Fingerprinting and Photo Services are available from 8:00 a.m. – 5:00 p.m., Monday - Friday except holidays
- Government-issued picture ID required (*driver's license, state ID, passport, etc.*)
- Website: www.bci.utah.gov
- Phone: (801) 965-4569
- Address: 3888 W. 5400 S., Taylorsville, UT 84118
(1/2 block west of Bangerter Highway, behind McDonalds)

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.

5. **Processing Time:** DOPL requires approximately two weeks to process a complete application for licensure. In addition, an FBI file search takes approximately 12 weeks.

6. **Interim Permit Program:** An Armed and Unarmed Private Security Officer may immediately start to work upon making application for a period of 90 days if the individual's criminal record in the state of Utah is clear at the time the individual applies for licensure and if the individual has been issued an Interim Permit Program form by DOPL.

NOTE: To determine if the applicant's criminal record in the state of Utah is clear at the time the individual applies for licensure, the applicant must submit with the application an official criminal history report, (*Right of Access*), from the Bureau of Criminal Identification showing "No Criminal Record Found."

If the applicant applies for licensure and has any **criminal history record** or has marked "**Yes**" to any question on the Qualifying Questionnaire, an Interim Permit letter will not be issued. The application will be processed in the normal manner and if the application is approved, a temporary license will be issued.

7. **License Renewal:** All security licenses expire November 30 of every even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the

expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee’s last address of record, as provided to DOPL.

8. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
9. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
10. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at www.dopl.utah.gov.
11. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office – but not over the telephone.
12. **Submit Completed Application 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

13. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
14. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

ARMED PRIVATE SECURITY OFFICER

UNARMED PRIVATE SECURITY OFFICER

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:

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY	
License/Certificate Number: _____	
Date License/Certificate Approved: ___/___/___	
Approved By: _____	
Date License/Certificate Denied: ___/___/___	
Denied By: _____	
Reason for Denial/Other Comments: _____	

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: ___/___/_____

SECURITY PERSONNEL QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.	
<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 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 or governmental 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 drug enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or 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 been 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 from a position because of drug use or abuse within the past five 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 used any drugs 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, 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 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 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 federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

(continued on the next page)



If you answered “yes” to questions 13, 14, 15, 16, or 17 above, 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).

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.

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.



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.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

CERTIFICATION OF COMPLETING 24 HOURS OF BASIC CLASSROOM INSTRUCTION

(This form must be completed for all armed and unarmed security guard applicants.)

TO BE COMPLETED BY APPLICANT:

Name of Applicant: _____

Social Security Number: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

TO BE COMPLETED BY INSTRUCTOR OF 24 HOURS OF BASIC CLASSROOM INSTRUCTION:

I certify that the above named applicant has successfully completed at least 24 hours of basic classroom instruction consistent with Sections R156-63a-602 and 603 of the Security Personnel Licensing Act Rules. In addition, I certify that the above named applicant achieved at least a minimum score of 80% on the basic education and training final exam in accordance with R156-63a-302c.

Name of Company/Individual Administering Training: *(Please Print)* _____

ID Number: _____ Phone Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Basic Training Score on Final Exam: Unarmed _____ Armed _____

Training Hours Completed:

Hours	Subject	Hours	Subject	Hours	Subject
	Nature & Role of Private Security		State Laws and Rules		Use of Force
	Ethics		Situational Response		Unlawful Harassment
	Report Writing		Patrol Techniques		TOTAL HOURS <i>(24 hours required)</i>
	Police & Community Relations		Legal Responsibilities		

Date Applicant Completed the Program: ___/___/___

Name of Program Trainer: *(Please Print)* _____

Signature of Program Trainer: _____ Date of Signature: ___/___/___

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CERTIFICATION OF COMPLETION OF FIREARMS INSTRUCTION

(This form must be completed for all armed security guard applicants ONLY.)

TO BE COMPLETED BY APPLICANT:

Name of Applicant: _____

Social Security Number: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

TO BE COMPLETED BY THE INSTRUCTOR OF THE FIREARMS TRAINING:

I certify that the above named applicant has successfully completed at least 6 hours of classroom firearms instruction and at least 6 hours of firearms instruction on the range consistent with Sections R156-63a-602 and 604 of the Security Personnel Licensing Act Rules. In addition, I certify that the above named applicant achieved at least a minimum score of 80% on the practical pistol course.

Name of Company/Individual Administering Training *(Please Print)*: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Program ID Number: _____

Date Above Named Applicant Completed the Program: ___/___/___

Score on Practical Pistol Course: _____

Name of Program Trainer: *(Please Print)* _____

Signature of Program Trainer: _____

Date of Signature: ___/___/___