

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**BURGLAR ALARM COMPANY**

**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. Do not rely on a forwarding order.

**Social Security Number:** The qualifying agent's 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:**

1. Submit the original letters from DOPL's approved examination provider verifying that the qualifying agent has passed the Utah examinations for (1) Burglar Alarm Company Qualifier and (2) Burglar Alarm Security Law and Rules. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
2. Submit documentation of workers' compensation insurance that covers employees in accordance with applicable Utah law.
3. Submit documentation of registration with the Utah Division of Corporations and Commercial Code.
4. Submit documentation of registration with the Utah Department of Workforce Services, Utah State Tax Commission, and the Internal Revenue Service.

5. Submit fingerprints for the qualifying agent and each officer, director, partner, proprietor, and responsible management personnel employed within the state or having direct responsibility for managing operations of the applicant within the state and shareholders owning more than 5% of the stock unless the company is publicly listed and traded, 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 Investigation (FBI). “See fingerprint information under **Additional Important Information.**”
6. Submit the “Verification of Qualifying Experience” form (*attached to this application*). This form is to be filled out by each of your employers and submitted with your application. All experience must be obtained *legally* within the past ten (10) years as a W2 employee and working as an alarm company agent for an alarm company (W2 documentation required). No more than 2,000 hours of work experience can be claimed in a year. Alarm work experience must total 6,000 hours and 2,000 of these hours are to be in a managerial, supervisory, or an administrative position. Also, other acceptable work experience includes 6,000 hours of alarm work experience combined with 2,000 hours (8,000 hours total) of managerial, supervisory, or administrative experience in a lawfully operated construction company.
7. Submit a copy of a driver's license issued by Washington D.C., a state of the United States of America or an identification card issued by the state of Utah for the qualifying agent and each officer, director, shareholder owning more than 5% of the stock, partner, proprietor, and responsible management personnel. **Note:** The copy of the driver’s license number/Utah ID, including the number, must be clear and readable.
8. Submit a current “Certificate of Insurance” demonstrating comprehensive general liability coverage issued by the company’s insurance carrier showing coverage of at least \$300,000 for each incident and \$1,000,000 in total.

**NOTE: It is the responsibility of the applicant to ensure that the applicant’s insurance coverage remains current and to update DOPL each time the applicant’s insurance coverage is renewed.**

9. Submit a **\$330.00** non-refundable application-processing fee for the company license, made payable to “DOPL.”
10. Submit a combined **\$40.00** non-refundable surcharge for a \$20.00 BCI fingerprint file search and a \$20.00 FBI fingerprint file search for the qualifying agent and each officer, director, shareholder owning more than 5% of the stock, partner, proprietor, and responsible management personnel.

NOTE: If the qualifying agent, and each officer, director, shareholder owning more than 5% of the stock, partner, proprietor, and responsible management personnel are currently licensed, in good standing, as an Alarm Company Agent in Utah, the requirements in the above paragraph may be unnecessary. The license information, however, must be included in the application on

the appropriate page.

### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Examinations:** There are no endorsement or reciprocity agreements with other states. All applicants are required to test. The applicant's qualifying agent must pass both the Utah Burglar Alarm Company Qualifier Examination and the Utah Burglar Alarm Security Law and Rules Examination. There is a thirty day waiting period between the first three test failures. After these three test failures, the waiting time between each test failure is six months. Applicants in order to register for the examination must apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for the examinations.
2. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
3. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):
  - Division of Occupational & Professional Licensing Act
  - General Rules of the Division of Occupational & Professional Licensing
  - Utah Construction Trades Licensing Act
  - Burglar Alarm Security and Licensing Act Rules
4. **Fingerprint Information:** Fingerprints are required for the qualifying agent and each officer, director, partner, proprietor, and responsible management personnel employed within the state or having direct responsibility for managing operations of the applicant within the state and shareholders owning more than 5% of the stock unless the company is publicly listed and traded. These individuals are required to undergo a criminal background check and fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI).

Only an initial license will be issued. *Fingerprint cards that are not complete and/or properly rolled will be rejected, delaying the licensure process.* **Due to the high number of inked fingerprint cards that are rejected and the amount of time it takes state and federal government agencies to process these cards, applicants are encouraged at the time of application to have their fingerprints electronically scanned at DOPL.**

To expedite the licensure process, you can obtain electronic fingerprinting at DOPL's offices (160 East 300 South, Main Lobby, Salt Lake City), 8:00 a.m. to 4:30 p.m., Monday through Friday, except holidays. The cost for having fingerprints electronically scanned by DOPL is covered in the \$40 non-refundable surcharge fee as outlined on page 2, paragraph 10. Applicants that arrive late in the day without leaving sufficient time to be processed will be turned away. A current government issued picture identification of one of the following is required: a driver's license issued by Washington D.C., a state of

the United States of America or an identification card issued by the state of Utah.

**OR**

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 for each individual associated with this application as defined above. **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:**

- 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](http://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. **Application Processing:** Processing time for an application, *where the fingerprints have been electronically scanned by DOPL and there are no issues that need to be resolved*, is approximately two weeks. An applicant can “not” begin working in the Burglar Alarm business until the proper license(s) has been issued by DOPL.
6. **Registration with the Utah Division of Corporations and Commercial Code:** Prior to licensing, the business entity is to be registered with the Utah Division of Corporations. A sole proprietorship is not required to register with the Utah Division of Corporations. When an applicant is a sole proprietor the license will be issued in the individual's name. A DBA (Doing Business As) may be noted on the application and added to a license; however, the DBA must first be registered with Corporations. Corporation registration forms are available at [www.corporations.utah.gov](http://www.corporations.utah.gov).

Be advised, a new license is required if the business entity is dissolved by merging into a new partnership, corporation, or other business entity. Pursuant to Subsection 58-1-308-(2)(c), a license automatically expires prior to the expiration date shown on the license...upon the dissolution of a licensee that is a partnership, corporation, or other business entity.

7. **License Renewal:** All burglar alarm licenses expire November 30 of even-numbered years.

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](http://www.dopl.utah.gov).
9. **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](http://www.dopl.utah.gov).
10. **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.
11. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1st Floor Lobby  
Salt Lake City, Utah 84111

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

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# APPLICATION FOR BURGLAR ALARM COMPANY

<b>C O M P L E T E  O N L Y  O N E</b>	<p><b>APPLYING AS A SOLE PROPRIETORSHIP:</b></p> <p><b>Individual's Full Legal Name :</b> _____</p> <p>Social Security Number : ____ - ____ - ____</p> <p>Driver License State: ____ Driver License State: ____</p> <p>OR <input type="checkbox"/> I do not have a driver's license. I certify that I am legally present in the United States, and I understand that the Department of Commerce will verify my legal presence in order to process my application.</p> <p><b>DBA (if applicable):</b> _____</p> <p>Utah Division of Corporations DBA Registration Number: _____</p> <p>Federal Tax ID Number: _____</p>
	<p><b>APPLYING AS ANY OTHER BUSINESS ENTITY :</b> Corporation, General Partnership, Limited Partnership, Limited Liability Company, etc.</p> <p><b>Business Entity's Legal Name :</b> _____</p> <p>Utah Division of Corporations Entity Registration Number: _____ <i>(required for all applications other than Sole Proprietorship)</i></p> <p><b>DBA (if applicable):</b> _____</p> <p>Utah Division of Corporations DBA Registration Number: _____</p> <p>Federal Tax ID: _____</p>
<p><b>Business Mailing Address :</b> _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone(s): _____</p> <p>E-mail Address: _____</p>	
<p><b><i>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</i></b></p> <p>License/Certificate Number: _____</p> <p>Date License/Certificate Approved: ____ / ____ / ____</p> <p>Approved By: _____</p> <p>Date License/Certificate Denied: ____ / ____ / ____</p> <p>Denied By: _____</p> <p>Reason for Denial/Other Comments: _____</p>	

**AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify under penalty of perjury that I am a United States citizen, a qualified alien as defined in 8 U.S.C. Sec. 1641, or I am lawfully present in the United States.
2. I certify that am qualified in all respects for the license for which I am applying in this application.
3. 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.
4. I authorize all persons, institutions, organization, 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.
5. 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 you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_ / \_\_\_ / \_\_\_\_\_

**CONTACT PERSON FOR LICENSING PURPOSES:**

Full Name and Title: \_\_\_\_\_

**MAILING ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone and Cell Numbers: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**QUALIFYING AGENT:**

W2 DOCUMENTATION SUBMITTED:  Yes  No

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Have You Ever Held A Utah License Before?  Yes  No

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

**MAILING ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone and Cell Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship of Qualifying Agent to Burglar Alarm Company: *(Check all that apply.)*

- Officer                       Director                       Partner  
 Proprietor                       Manager

**EXAMINATION REQUIREMENT:**

Answer “yes” or “no.”

\_\_\_\_\_ The Utah Burglar Alarm Law and Rules Exam, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Burglar Alarm Qualifier Examination, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

**AFFIDAVIT FOR UTAH LAWS AND RULES:**

I hereby certify that all officers, directors, shareholders, partners, proprietors, and responsible management personnel of the applicant understand that it is their individual responsibility to read and understand all statutes and rules pertaining to the applicant’s practice as a burglar alarm company in Utah, and each agrees to comply with such.

Signature of Qualifying Agent or Other Responsible Party: \_\_\_\_\_

Print Name of Individual Signing Above: \_\_\_\_\_

**IDENTIFYING INFORMATION FOR BUSINESS ENTITY:**

Supply the identifying information below for all corporate officers, directors, registered agents, and shareholders of a corporation (*not required if publicly traded*); all partners of a partnership; the sole proprietor of a sole proprietorship; all persons who have an ownership or management responsibility for a limited liability company or other type of business form. Ownership must total 100%. Use additional sheets if necessary.

**Full Name:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Position Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Full Name:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Position Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Full Name:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Position Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Full Name:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Position Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LICENSES HELD IN UTAH AND/OR OTHER STATES:**

Name on License: \_\_\_\_\_  
License Number: \_\_\_\_\_  
State/Municipality Issuing: \_\_\_\_\_  
Address for Issuing Agency: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s) for Issuing Agency: \_\_\_\_\_  
License Classification: \_\_\_\_\_  
Issue Date of License: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Expiration Date of License: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name on License:** \_\_\_\_\_  
License Number: \_\_\_\_\_  
State/Municipality Issuing: \_\_\_\_\_  
Address for Issuing Agency: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s) for Issuing Agency: \_\_\_\_\_  
License Classification: \_\_\_\_\_  
Issue Date of License: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Expiration Date of License: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name on License:** \_\_\_\_\_  
License Number: \_\_\_\_\_  
State/Municipality Issuing: \_\_\_\_\_  
Address for Issuing Agency: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s) for Issuing Agency: \_\_\_\_\_  
License Classification: \_\_\_\_\_  
Issue Date of License: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Expiration Date of License: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PUBLIC LIABILITY INSURANCE:**

Name of Carrier: \_\_\_\_\_

Named of Insured on the Certificate: \_\_\_\_\_

Address of Insured on the Certificate: \_\_\_\_\_

Amount of Coverage: Each Incident: \_\_\_\_\_ Total: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**UTAH DEPARTMENT OF WORKFORCE SERVICES - UNEMPLOYMENT  
INSURANCE:**

Name Under Which the Applicant is Registered: \_\_\_\_\_

Department of Employment Security Registered Number: \_\_\_\_\_

**WORKERS' COMPENSATION INSURANCE:**

Name of Carrier: \_\_\_\_\_

Named of Insured on the Certificate: \_\_\_\_\_

Address of Insured on the Certificate: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**UTAH STATE TAX COMMISSION:**

Name Under Which the Applicant is Registered: \_\_\_\_\_

Employer Payroll Tax Withholding Identification Number: \_\_\_\_\_

**INTERNAL REVENUE SERVICE (IRS):**

Name Under Which the Applicant is Registered: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

**AFFIDAVIT CLAIMING NO EMPLOYEES AND WAIVER OF WORKERS  
COMPENSATION INSURANCE:**

Applicant's Business Legal Name: \_\_\_\_\_

I declare under penalty of perjury as follows:

I am authorized to sign this Affidavit on behalf of the above named applicant. The applicant does not at the present time hire employees and does not intend to do so within the foreseeable future. If the applicant later wishes to begin hiring employees, the applicant will first register with each of the payroll tax authorities as listed above and obtain workers' compensation insurance and provide evidence of each registration and a certificate of workers' compensation insurance to DOPL. This affidavit is considered a public document and may be released to any party including federal and state agencies.

Signature of Applicant or Applicant's Representative: \_\_\_\_\_

Print Name of Individual Signing Above: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

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# BURGLAR ALARM COMPANY QUALIFYING QUESTIONNAIRE

Note: **“Responsible management personnel”** includes all personnel employed within Utah or having direct responsibility for managing operations of the alarm company. **“Shareholder”** includes all shareholders owning 5% or more of the outstanding shares of the corporation, except if the stock is publicly listed and traded.

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel 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?
2. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel 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?
4. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been permitted to resign or surrender any license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against him/her by any profession licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Is any officer, director, shareholder, partner, proprietor, or responsible management personnel currently under investigation or is any disciplinary action pending against any now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action pending against any officer, director, shareholder, partner, proprietor, or responsible management personnel now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would any officer, director, shareholder, partner, proprietor, or responsible management personnel pose a direct threat to himself/herself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been terminated from a position because of drug use or abuse?

10. \_\_\_\_\_ Is any officer, director, shareholder, partner, proprietor, or responsible management personnel currently using or has any recently (*within 90 days*) used any drugs (*including recreational 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?
11. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel 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 he/she has not successfully completed or is not now participating in a supervised drug rehabilitation program, or for which he/she has not otherwise been successfully rehabilitated?
12. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
13. \_\_\_\_\_ Does any officer, director, shareholder, partner, proprietor, or responsible management personnel currently have any criminal action pending?
14. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel 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.
15. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel 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?



**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.**

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**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, DOPL may request additional documentation if the information submitted is insufficient.**

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## VERIFICATION OF QUALIFYING EXPERIENCE

### PART I - TO BE COMPLETED BY THE APPLICANT:

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_

Qualifying Agent Requirements: *W2 documentation is required to verify work experience and is to be submitted with the application.* All experience must be obtained legally within the past ten (10) years as a W2 employee and working as an alarm company agent for an alarm company. No credit will be given for work experience obtained illegally. No more than 2,000 hours of work experience can be claimed in a year. Additionally, alarm work experience must total 6, 000 hours and 2,000 of these hours are to be in a managerial, supervisory, or administrative position. Also, other acceptable work experience includes 6,000 hours of alarm work experience combined with 2,000 hours (8,000 hours total) of managerial, supervisory, or administrative experience in a lawfully operated construction company. (Burglar Alarm Licensing Rule R156-55d-102 and 302c.)

### An affidavit must be filled out for each employer.

Dates Employed: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: If the work experience is less than full time, calculate the number of months equivalent to full time employment at a rate of 40 hours per week.*

**Total Work Hours Worked:** \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Describe type of work performed: \_\_\_\_\_

\_\_\_\_\_



**PART II - TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE BURGLAR ALARM COMPANY / CONSTRUCTION COMPANY:** Review the description of the applicant's duties as provided by the applicant in Part I of this form. Complete the information requested in Part II and return the completed signed form - in a sealed envelope - to the applicant for submission with his/her license application.

Burglar Alarm Company / Construction Company Name: \_\_\_\_\_

Company License Number: \_\_\_\_\_

State/Municipality Issuing: \_\_\_\_\_

Phone Number(s) for Issuing Agency: \_\_\_\_\_

License Classification: \_\_\_\_\_

Issue Date of License: \_\_\_/\_\_\_/\_\_\_      Expiration Date of License: \_\_\_/\_\_\_/\_\_\_

1. Is the description of the applicant's work experience correct?    Yes    No
2. Would you recommend the applicant be licensed as a Burglar Alarm Company Qualifying Agent?    Yes    No    If no, please explain. Attach additional pages if necessary.  
\_\_\_\_\_  
\_\_\_\_\_

Position applicant held with your company? : \_\_\_\_\_

3. What is the basis of your knowledge of the applicant's knowledge, ability, and competence to practice? \_\_\_\_\_  
\_\_\_\_\_

I have reviewed ALL the information on this document and attest that to the best of my knowledge the information concerning the burglar alarm company / construction company I represent is accurate and truthful.

Verifying Burglar Alarm Company / Construction Company Representative

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Verifier's License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Verifier's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_