

MONTANA BOARD OF PRIVATE SECURITY
301 South Park Avenue, 4th Floor
PO Box 200513
Helena, Montana 59620-0513
406 444-5711

DLIBSDLicensingUnitB@mt.gov

Website: www.privatesecurity.mt.gov

APPLICATION FOR CERTIFIED FIREARMS INSTRUCTOR

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. ANSWER ALL QUESTIONS TRUTHFULLY AND HONESTLY. REJECTED FINGERPRINTS WILL DELAY THE APPLICATION. (Please allow 30 days processing from the date that the Board has a complete **routine** application)

LICENSE REQUIREMENTS:

- 21 years of age or older.
- United States citizen or legal permanent U.S. resident.
- Complete firearms training/education approved by the Board.
- FBI and Montana Dept. of Justice criminal fingerprint background check.
- Full-face passport-type photograph of head and shoulders.
- Completed application form, all supporting documentation and appropriate fees.

FEES (NON-REFUNDABLE)

\$150.00 Application Fee

Make check or money order payable to the **Montana Board of Private Security**

PHOTOS

Affix a photo to page of application as indicated. The photo must be full-face passport type of head and shoulders with applicant's signature in below.

DOCUMENTS

Submit the following documents to the Board office in order to complete your license application. All documents must be copied to a standard page size of 8 ½" x 11". All documents not in English must be accompanied by certified translations.

- Completed application and attached photograph.
- Copy of driver's license or birth certificate for proof of age.
- Copy of birth certificate, United States passport or Immigration green card for proof of citizenship or permanent legal residency.
- Copy of certificate of completion of a firearms instructor training course from the following Board approved options (See ARM 24.182.520(1)(c)): National Rifle Association(NRA), Peace Officer's Standards and Training(POST), United States military, or federal law enforcement.
- Provide detailed outlines of all courses to be instructed. (See ARM 24.182.801)
- Copy of current liability insurance. Coverage includes of a minimum of \$500,000 per occurrence for commercial general liability which includes personal injury (See ARM 24.182.520(1)(b)).
- Completed character reference form.
- Completed verification of licensure form, if you hold or have held professional/occupational licenses in another state.

ADDITIONAL INFORMATION

Pursuant to ARM 24.182.520

- (3) Licensed firearms instructors shall:
 - (a) File a yearly certificate of insurance with the Board; and
 - (b) Conduct at least one Board approved combat shooting course annually.
- (4) Instructors may only offer courses in which they have been approved by the Board to instruct.

APPLICATION PROCEDURES

- Staff will notify applicants in writing if the applicant is required to submit additional information. Once the application is complete, staff will process and issue licenses. Please allow 30 days processing from the date that the Board has a **complete, routine** application.
- An application will be considered as a **non-routine** application if the Criminal History Record Information returns a criminal history or other irregularity requires the application to be reviewed by the Board during a regularly scheduled Board meeting. Non-routine applications may take up to 120 days to finalize.
- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached "Verification of Licensure" request form as needed. Some states may charge a fee for verifications. Contact each state board or jurisdiction prior to sending the request.
- Ensure the individual reference you listed on your application completes the questionnaire form and return the form directly to the Board office as soon as possible.
- Notify the Board office immediately of any address change or termination of employment from the sponsoring security company.

FINGERPRINT/BACKGROUND CHECK PROCESS:

Fingerprint cards are available from most local law enforcement agencies and the Montana Department of Justice (DOJ). Complete the information requested at the top of the fingerprint card prior to having your prints taken and include the following information (See sample on following page):

EMPLOYER AND ADDRESS: Board of Private Security, PO Box 200513, Helena, MT 59620-0513
REASON FINGERPRINTED: Licensure & 37-60-304, MCA
ORI: MT920073Z

Most local law enforcement agencies will take your fingerprints for a nominal fee. After paying this fee and having your fingerprints taken, send the completed fingerprint card along with a check or money order for **\$27.25** made payable to the "Montana Department of Justice" and mail it to Montana Criminal Records, 2225 11th Avenue PO Box 201403, Helena MT 59620-1403. Please check with your local post office and add accurate postage prior to mailing.

If DOJ rejects your first fingerprint card as "unreadable," the Board office will notify you and send a new fingerprint card for you to re submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.

Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Private Security. Your application will not be considered complete until the CHRI is received from the DOJ.

APPLICANT <small>See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (REV. 3-1-10) 1110-0046		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME: NAM		FIRST NAME		MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED		ALIANSES: AKA		O R I		MT920073Z		BD PRIVATE SECURITY		DATE OF BIRTH: DOB Month Day Year	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP: CTZ		SEX		RACE		HGT	
EMPLOYER AND ADDRESS		YOUR NO.: OCA		FBI NO.: FBI		WGT		EYES		HAIR	
BOARD OF PRIVATE SECURITY PO BOX 200513 HELENA MT 59620		REASON FINGERPRINTED		ARMED FORCES NO.: MNU		SOCIAL SECURITY NO.: SOC		PLACE OF BIRTH: POB		LEAVE BLANK	
Licensure & 37-60-304 MCA				MISCELLANEOUS NO.: MNU		CLASS		REF			
1. R THUMB		2. R INDEX		3. R MIDDLE		4. R RING		5. R LITTLE			
6. L THUMB		7. L INDEX		8. L MIDDLE		9. L RING		10. L LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L THUMB		R THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

SAMPLE

For information with regard to the processing of this application or other concerns please contact the Board of Private Security staff at 406 444-5711 or email us at DLIBSDLicensingUnitB@mt.gov

REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE ON OUR WEBSITE:
www.privatesecurity.mt.gov

THE APPLICATION FOLLOWS

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by the Montana Board of Private Security that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Signature

Date

Printed Name

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form

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Certified Firearms Instructor Application

Allow 30 days from the date the Board has a complete routine application file for licensure.

1. FULL NAME: _____
Last First Middle
 2. OTHER NAMES KNOWN BY: _____
 3. LICENSE NAME: _____
State your name as it should appear on your license if granted.
 4. BUSINESS NAME: _____
 5. BUSINESS ADDRESS: _____
Street or PO Box #

City State Zip Code
 6. HOME ADDRESS: _____
Street or PO Box #

City State Zip Code
- PREFERRED MAILING ADDRESS (Check one): Home or Business
- EMAIL ADDRESS: _____
7. TELEPHONE: BUSINESS _____ HOME _____ FAX _____
 8. SOCIAL SECURITY NUMBER: _____
 9. DATE OF BIRTH: _____ MALE FEMALE
 10. US CITIZEN LEGAL PERMANENT RESIDENT
 11. List all professional licenses you hold or ever have held. License Verifications must be sent directly to the Montana Board office from each state/province/territory. (See attached)

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested Verification?
					<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Read Carefully

Your license may be denied if you provide inaccurate or incomplete information. Answer questions completely and truthfully, please attach additional sheets for additional explanation if necessary.

12. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
13. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
14. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No
15. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
16. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
17. Have any civil legal proceedings been filed against you by a client, former client, or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No
18. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. Yes No
- If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fine of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. **Note: your answer will be cross-referenced with your fingerprint background check results.**
19. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No
20. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. Yes No
21. Have you ever been court-martialed or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No

22. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security, etc.) If yes, please attach a detailed explanation and provide documentation from the source. Yes No

23. Have you ever been licensed in the State of Montana? If yes, please provide the license information:

TYPE: _____ LICENSE #: _____ EXPIRATION DATE: _____

24. You have successfully completed a firearms instructor training course conducted by which of the following and will submit a copy of proof of training from:

- National Rifle Association (NRA)
- Peace Officer's Standards and Training (POST)
- United States military
- Federal law enforcement

25. CHARACTER REFERENCE:

Please type or print name and address of one reference, not related by blood or marriage, who has known you or associated with you for a minimum of one year. Verification of moral/professional character form is included in this application packet.

Name:
Address:
Telephone Number:

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Printed Name of Applicant

Legal Signature of Applicant

Date



Signature (for ID card): _____

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CHARACTER REFERENCE

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application. This person must know you or be associated with you for a minimum of one year. **They cannot be related to you by blood or marriage.**

Legal Signature of Applicant

Date

(Please Type or Print):

Name of Applicant: _____

Address: _____

This verification sent to: _____

CHARACTER REFERENCE: Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Private Security. Your response will be kept confidential.

Name of reference: _____

Daytime phone: _____

Address: _____

Relationship to Applicant/Profession/Position: _____

How long have you known the applicant? _____

In what capacity? _____

To your knowledge, does this applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes," please explain: Yes No

Do you consider this applicant worthy of approval to practice as a licensee in Montana?

Yes No

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed): _____

The Applicant and the Board thank you for your assistance. Please mail this character reference directly to the address above.

Signature of Reference

Date

VERIFICATION OF LICENSURE

Please complete this section of the form and mail to EACH state board in which you are now or ever have been licensed to practice as a _____.
You may copy this form as many times as needed. Some boards require a fee for this service. Please contact them directly for more information.

STATE BOARD:

I am applying for a license as a _____ in the State of Montana. The Board of Private Security requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **Board of Private Security, 301 South Park Avenue, PO Box 200513, Helena, MT 59620-0513** . Your early response is appreciated.

(Signature of Applicant)

Name (Please print)

Address: _____

My license number in your state is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE **MONTANA STATE BOARD OF PRIVATE SECURITY**

State of: _____

Full Name of Licensee: _____

License No. _____ Original License/Issue Date: _____

Expiration Date: _____ License current? If NO, please explain: _____

Has license been suspended, revoked, placed on probation or otherwise disciplined?

Yes No If YES, explain and attach documentation: _____

Has licensee ever been requested to appear before your Board? Yes No

If YES, explain: _____

Derogatory information, if any: _____

Comments, if any: _____

Signed: _____

BOARD SEAL

Title: _____

State Board: _____ Date: _____