

RENEWAL APPLICATION

License No:

Check for new preferred mailing address. Indicate any changes below.

Name

Address

City

State

Zip Code

Country

Active Renewal Fee: \$125

Inactive Renewal: \$62.50

Active Late Renewal: \$250 (if postmarked after March 1)

Your Montana Resident Manager license will expire on March 1.

TO RENEW ONLINE GO TO: <https://ebiz.mt.gov/pol> (Online transactions must be completed no later than 11:59 PM, MST on the renewal deadline date. Failure to complete the transaction by 11:59 PM will result in the addition of a late fee.)

OR

If your preferred mailing address has changed, please list your new address below:

Mailing address: _____

City, State and Zip Code: _____

Please follow the instructions below in order to renew your license:

- 1) Submit a check or money order in the amount of \$125 made payable to the Board of Private Security. **DO NOT SEND CASH.**

NOTE: Renewals postmarked after March 1 are subject to an additional \$125 late fee, increasing the total amount due to \$250.

- 2) Answer the disciplinary question, sign and date the renewal application, and return it to the Board office with the appropriate fees and other required documentation (if applicable) before March 1.

Statement: By signing the application below, I declare under penalty of perjury that any false statement may lead to subsequent suspension or revocation of licensure on ethical grounds.

Incomplete or unsigned renewal applications will not be processed and will be returned, which may be subject to the late fee if not post marked on or before March 1.

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?

Yes If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Section 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

No

Signature: _____

Date: _____