







## 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 notification<sup>8</sup> 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.<sup>9</sup>

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.<sup>10</sup>

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](mailto: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:

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Signature

Date

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Printed Name

<sup>8</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>9</sup> See 28 CFR 50.12(b).

<sup>10</sup> 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



## 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.**

- |  |     |    |
|--|-----|----|
| 11. 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 |
| 12. 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 |
| 13. 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 |
| 14. 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 |
| 15. 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 |
| 16. 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 |
| 17. 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 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 |
| <p>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 18<sup>th</sup> birthday unless you were tried as an adult. <b>Note: your answer will be cross-referenced with your fingerprint background check results.</b></p> |     |    |
| 18. 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 |
| 19. 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 |
| 20. 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 |

21. 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**

22. Have you ever been licensed in the State of Montana?    **Yes**    **No**    If yes, please provide the license information.

TYPE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**23. CHARACTER REFERENCE**

Please type or print names and address of one reference not related by blood or marriage, which have 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:

**24. ARMED ENDORSEMENT (ONLY)**

Please list the type and caliber of weapon you intend to carry while performing your duties as a security guard.

Firearm Make/Model	Firearm Caliber	Qualified Combat Shooting CRS Completion date/Type of Weapon

**25. TRAINING**

I attest I have completed the 16 hours of training required by ARM 24.182.807.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Printed Name

On behalf of the Security Company employing or intending to employ the applicant, I certify that the applicant has successfully completed a minimum of 16 hours of training as required by ARM 24.182.807.

\_\_\_\_\_  
 Resident Manager's Signature

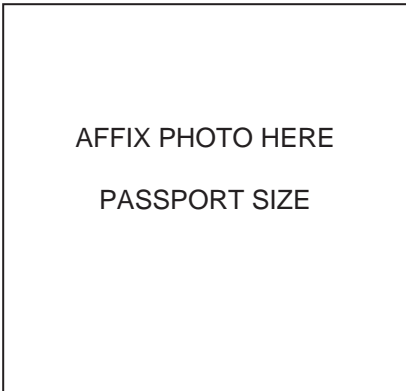
\_\_\_\_\_  
 Printed Name

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): \_\_\_\_\_



**MONTANA BOARD OF PRIVATE SECURITY**  
**301 South Park Avenue, 4<sup>th</sup> Floor**  
**PO Box 200513**  
**Helena, Montana 59620-0513**  
**(406) 444-5711**  
DLIBSDLicensingUnitB@mt.gov

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION & LIABILITY**

I, \_\_\_\_\_, am an applicant for licensure as a

- Security Guard  Private Investigator/Trainee  Alarm Response Runner  
 Resident Manager  Alarm Installer  Process Server

and, if issued a license, will be employed with the following private security employer:

\_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Name of Authorized Business Representative)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Contact

I understand that the consideration of my application and issuance of my license is contingent on my employment with a private security company regulated by Title 37 chapter 60, MCA and hereby authorize the Board to release, upon written request to the employer identified above, any and all information regarding my application and license status which may not be considered to be public information, except that the Board shall not release Criminal History Record Information obtained from the Montana Department of Justice and Federal Bureau of Investigation.

The information I authorize the Board to disclose written or verbal to my employer includes, but is not limited to, application status, the particulars of missing application information or fees, and disciplinary action.

I further understand and expressly release the Board, Department of Labor and Industry, and the State of Montana from liability for further unauthorized dissemination by the above employer of information protected by law as confidential.

A photocopy or electronic version of this signed release shall be considered as valid as the original. This authorization will remain in force as long as my application is pending and if the license is issued to me, for the duration of my employment with the above employer or until revoked by me, in writing and received by the Board of Private Security.

\_\_\_\_\_  
Signature (Applicant/Licensee)

\_\_\_\_\_  
(Date)

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**301 South Park Avenue, 4<sup>th</sup> Floor**  
**PO Box 200513**  
**Helena, Montana 59620-0513**  
**(406) 444-5711**

DLIBSDLicensingUnitB@mt.gov

**CHARACTER REFERENCE**

**APPLICANT:** Complete the upper portion of this form and mail to the character reference 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: \_\_\_\_\_