

MONTANA BOARD OF PRIVATE SECURITY
301 South Park Avenue, 4th Floor
PO Box 200513

Helena, Montana 59620-0513

Phone: (406) 444-6880

Email: DLIBSDHELP@MT.GOV

Website: PRIVATESECURITY.MT.GOV

Resident Manager 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. HOME ADDRESS: _____
Street or PO Box #
City State Zip Code
- PREFERRED MAILING ADDRESS (Check one): Home or Business
- EMAIL ADDRESS: _____

5. TELEPHONE: HOME _____ FAX _____
6. SOCIAL SECURITY NUMBER: _____
7. DATE OF BIRTH: _____ ☐ MALE ☐ FEMALE

8. US CITIZEN LEGAL PERMANENT CITIZEN

9. PARENT SECURITY COMPANY INFORMATION (PRESENT EMPLOYER):

Business Name: _____ License #: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

10. BRANCH OFFICE INFORMATION:

Business Name: _____ License #: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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?	
					Exam	Endorse	Other	Yes	No
					Exam	Endorse	Other	Yes	No
					Exam	Endorse	Other	Yes	No

PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

- | | | |
|--|------------|-----------|
| 12. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 13. Have you ever surrendered a credential like those listed in number 12, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 14. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 15. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 16. Have you ever withdrawn an application for any professional license? | Yes | No |
| 17. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 18. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

- | | | |
|---|------------|-----------|
| 19. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 20. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 21 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- | | | |
|---|------------|-----------|
| 21. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 22. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 23. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 24. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |
| 25. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |

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

TYPE: _____ LICENSE #: _____ EXPIRATION DATE: _____

27. VOCATIONAL EDUCATION

Name of School	City and State/Province/Territory	Dates Attended	Degree Earned

28. CHARACTER REFERENCES

Please type or print name and address of three references, not related by blood or marriage, who has known you or associated with you for a minimum of one year. (Two of the three references must be former employers, or individuals or firms with which the applicant has a contractual working agreement if self-employed, or individuals or firms having knowledge of the agreement or working relationship; or as determined acceptable by the Board.)

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

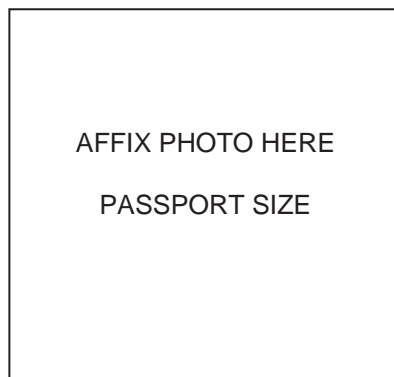
Name:
Address:
Telephone Number:

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): _____

Fingerprint Card Example

Provide this example to the technician capturing your fingerprints. All requested fields must be completed legibly, including the highlighted information specific to your license application type. Incomplete cards will not be processed and will be mailed back to the applicant's listed address. All fingers need to be in the correct position and rolled. For assistance, call Montana Criminal Records at (406) 444-3625.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLOCK (Last Name) NAME (First Name) (Middle Name)		LEAVE BLANK	
SIGNATURE OF APPLICANT (Print Name) Applicant Signature		Applicant Full Name		Applicant Aliases		MT920073Z	
SIGNATURE OF APPLICANT (Print Name) Applicant Address		Applicant Citizenship		Applicant Identifying Information		Applicant DOB	
Date Technician Signature		MTST00011		Applicant POB		LEAVE BLANK	
DLI-BSD Board of Private Security PO Box 200513, Helena, MT 59620-0513		n/a		n/a		LEAVE BLANK	
MCA 37-60-304 - Licensure		Applicant SSN		n/a		LEAVE BLANK	



APPLICANT RIGHTS & CONSENT TO FINGERPRINT NOTICE

As required by 28 CFR § 50.12, you are advised that your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation and the Montana Department of Justice for the sole purpose of applying for professional licensure. Any resulting criminal history record will be retained for this purpose only and will not be disseminated outside of the Montana Department of Labor & Industry and related licensing board or program.

A Privacy Act Statement further explaining authority, principal purpose and routine use by the FBI of your information is included on the following page.

CHANGE, CORRECT, OR UPDATE RECORD

Procedures for you to obtain a change, correction, or update to your criminal history record are set forth in Title 28, C.F.R. § 16.30 - 16.34.

Our office will notify you if a disqualifying criminal offense is found in your criminal history record and give you a reasonable opportunity to challenge or correct the information, or decline to do so, before making a licensure decision.

If we notify you of a disqualifying conviction in your criminal history record, you may contact board or program licensing staff at the Business Standards Division of the Department of Labor & Industry to obtain a copy of your criminal history record. You can view your criminal history record in person, have it mailed to you, or sent to you by the State of Montana File Transfer Service. For security reasons, the criminal history record cannot be emailed to you.

If, after review, you believe your criminal history record is incorrect or incomplete and wish to change, correct, or update the alleged deficiency, you should apply directly to the law enforcement agency that contributed the questioned information. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the law enforcement agency that contributed the question information requesting 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 in accordance with the information supplied by that agency. Information regarding this process may be obtained at www.fbi.gov/services/cjis/identity-history-summary-checks.

Within 10 calendar days of the date of receiving the results of the criminal history record, you must notify the board or program licensing staff if you have challenged your record by providing a copy of the correspondence you have submitted as referenced above. If the licensing board or program has not received a copy of such correspondence within 10 calendar days, licensing staff will schedule a disposition on the issuance of your license based on the record in its possession.

Privacy Act Statement

The Montana Department of Labor & Industry, Business Standards Division is required by federal law to provide you this privacy act statement. This statement is also located on the back of the FD-258 fingerprint card.

“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 regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

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.” *Eff. 03/30/2018*

By signing below, I acknowledge that I have received a copy of the above Applicant Rights & Consent to Fingerprint Notice and Procedure to Change, Correct, or Update Record, and Privacy Act Statement and that I consent to provide and use my fingerprints for the stated purpose.

Applicant
Signature: _____ Date: _____

Applicant
Name: _____
Please Print Legibly

Directions to Applicant: Return a signed copy of this document to the Department of Labor & Industry and maintain a copy for your own records.

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Website: **PRIVATESECURITY.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)

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 board may 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 professional/occupational licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **Board of Private Security, 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.: _____ Issue Date: _____

License current? Yes No If NO, please explain: _____

License Status: Active Inactive Other

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

Yes No If YES, please explain and attach documentation: _____

Has licensee ever been requested to appear before your Board? Yes No If YES, please explain: _____

Derogatory information, if any: _____

Comments, if any: _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____ Date: _____