

MONTANA BOARD OF PRIVATE SECURITY
301 South Park Avenue, 4th Floor
PO Box 200513
Helena, Montana 59620-0513
Phone: (406) 841-2300 Fax: (406) 841-2309
Email: dlibsdp@mt.gov Website: www.privatesecurity.mt.gov

APPLICATION FOR BRANCH OFFICE

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. ANSWER ALL QUESTIONS TRUTHFULLY AND HONESTLY.

(Please allow 30 days processing from the date that the Board has a complete **routine** application)

LICENSE REQUIREMENTS

- Connected to a Montana licensed security company with current liability insurance.
- Licensed Resident Manager at the time of application **OR** make application for a Resident Manager at the same time.
- Completed application form, supporting documentation and appropriate fees. All documents not in English must be accompanied by certified translations.

FEES (NON-REFUNDABLE)

\$100.00 Application Fee

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

ADDITIONAL INFORMATION

- 24.182.525 COMPANY LICENSURE AND BRANCH OFFICES
 - (1) An applicant for licensure as a contract security company, electronic security company, or proprietary security organization must obtain a company license for the applicant's principal place of business within Montana. Subsequent company locations within Montana may be licensed as branch offices.
 - (3) No branch office shall be authorized for any category of licensure without board approval.
 - (4) An applicant for licensure for a branch office shall provide the name of the resident manager appointed to exercise direct supervision, control, charge, management, or operation of each branch office located in Montana.
 - (5) Each branch office shall have at least one resident manager who is:
 - (a) typically present during regular Monday through Friday office hours; and
 - (b) who has established to the board's satisfaction that the resident manager meets the necessary experience qualifications of ARM 24.182.503.

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.

- Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

For information with regard to the processing of this application or other concerns please contact the Board of Private Security staff at 406-841-2300 or email us at: dlibsdsp@mt.gov.

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

THE APPLICATION FOLLOWS

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Branch Office Application

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

Please list below the business information for the principle place of business (Main Office):

1. BUSINESS NAME: _____
2. MONTANA LICENSE NUMBER: _____
3. BUSINESS ADDRESS: _____
Street or PO Box #

City State Zip
4. TELEPHONE: _____ FAX: _____
EMAIL ADDRESS: _____
5. SOCIAL SECURITY NUMBER: _____ or EIN: _____

Please list below the business information for the Branch Office you are making application for:

6. BUSINESS NAME: _____
7. BUSINESS ADDRESS: _____
Street or PO Box #

City State Zip
8. TELEPHONE: _____ FAX: _____
EMAIL ADDRESS: _____
9. SOCIAL SECURITY NUMBER: _____ or EIN: _____
10. NAME OF RESIDENT MANAGER: _____
11. RESIDENT MANAGER'S LICENSE NUMBER: _____

READ CAREFULLY!

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

12. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license the firm has 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**

13. Have any civil legal proceedings been filed against the firm 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**

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.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative