

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 SECURITY COMPANY
(PROPRIETARY, CONTRACT AND ELECTRONIC)

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

- Registered with the Montana Secretary of State.
- Employee training program.
- Certificate of insurance pursuant to ARM 24.182.405(b)(c).
- Photographs of employee uniforms for Board approval pursuant to ARM 24.182.407 and 37-60-401, MCA. No licensee or officer, director, partner, manager, or employee of a licensee may wear, carry, or display a badge in connection with the activities of the licensee's business.
- Licensed Resident Manager at the time of application **OR** make application for a Resident Manager at the same time.
- Completed Verification of Licensure form, if the company holds or ever held a professional license in another state or jurisdiction.
- Completed application form, all supporting documentation and appropriate fees. All documents not in English must be accompanied by certified translations.

FEES (NON-REFUNDABLE)

\$250.00 Application Fee (each business entity)

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

LICENSURE AND REGISTRATION WITH THE SECRETARY OF STATE

37-60-303 LICENSE OR REGISTRATION QUALIFICATIONS

(7)(a) A firm, company, association, partnership, limited liability company, corporation, or other entity that intends to engage in business governed by the provisions of this chapter must be incorporated under the laws of this state or qualified to do business within this state and must be licensed by the board or, if doing business as a process server, must be registered by the board.

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. (Separate application is required for Branch Offices)

(2) Company licensees shall provide proof of registration with the Montana Secretary of State's office and provide the following information:

- (a) for individual ownership, the name of the owner and the owner's address;
- (b) for a partnership, a list of partners and their addresses;
- (c) for a limited liability company, a list of the members and their addresses; or

(d) for a corporation, a list of principal officers and their addresses.

INSURANCE REQUIREMENTS

24.182.405 INSURANCE REQUIREMENTS

(1) Persons regulated by Title 37, chapter 60, MCA, and licensed as follows shall file a yearly certificate of insurance with the Board:

(b) Electronic security companies shall maintain a minimum of \$500,000 occurrence form of commercial general liability which includes personal injury and errors and omissions coverage.

(c) Contract and proprietary security companies shall maintain a minimum of \$500,000 occurrence form of commercial general liability which includes personal injury. Employee(s) licensed with armed status shall carry liability for firearms coverage.

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.
- 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.

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 dlibsdp@mt.gov.

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

Application Follows

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Application for Licensure as:

Contract Security Co. Electronic Security Co. Proprietary Security Org.

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

1. BUSINESS NAME: _____ DBA _____

2. BUSINESS ADDRESS: _____
(Head Office) Street or PO Box #
_____ City _____ State _____ Zip Code

3. MONTANA BUSINESS ADDRESS: _____
(If different than head office) Street or PO Box #
_____ City _____ State _____ Zip Code

PREFERRED ADDRESS: Business (Head Office) or Montana Business (If different than Head Office)

4. TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

5. BUSINESS STRUCTURE: **Sole proprietorship** **Partnership** **Corporation** **LLC**

6. LIST OWNER/PARTNERS/OFFICERS/DIRECTORS/MEMBERS OR AGENTS AND ADDRESSES:

Name	Street or PO Box #	City and State Zip

7. SOCIAL SECURITY NUMBER: _____ or EIN: _____

8. LICENSE NAME: _____
(State company name as it should appear on the license if granted.)

9. WILL THE COMPANY PROVIDE ARMED SERVICES (If yes, proof of insurance must include firearms coverage): **Yes** **No**

10. OTHER STATES LICENSED IN: _____

11. NAME OF RESIDENT MANAGER: _____

12. 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.

13. 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**

14. 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.

Legal Signature of Authorized Representative

Date

Printed Name of Authorized Representative

VERIFICATION OF LICENSURE

NAME OF COMPANY: _____
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: _____
(TYPE OF SECURITY COMPANY)

You may copy this form as many times as needed. Some board may require a fee for this service.

STATE BOARD:
The above company is 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 the company holds or ever have held 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) 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: _____