

**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**

## **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: \_\_\_\_\_
5. SOCIAL SECURITY NUMBER: \_\_\_\_\_ or EIN: \_\_\_\_\_  
US CITIZEN      LEGAL PERMANENT RESIDENT

**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: \_\_\_\_\_
9. SOCIAL SECURITY NUMBER: \_\_\_\_\_ or EIN: \_\_\_\_\_  
US CITIZEN      LEGAL PERMANENT RESIDENT
10. NAME OF RESIDENT MANAGER: \_\_\_\_\_
11. RESIDENT MANAGER'S LICENSE NUMBER: \_\_\_\_\_

## **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.
- [Business Entities only] "You" in these instructions and questions refers to individuals authorized to answer questions on behalf of the facility, organization, or entity applying for licensure and not personally to the individuals.

### **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 13, 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

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.

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Legal Signature of Authorized Representative

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Date

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Printed Name of Authorized Representative