

**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: \_\_\_\_\_
- EMAIL ADDRESS: \_\_\_\_\_
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: \_\_\_\_\_
- EMAIL ADDRESS: \_\_\_\_\_
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**

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|--|-----|----|
| 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.

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|---|-----|----|
| 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.

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|---|-----|----|
| 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.

\_\_\_\_\_  
Legal Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative