

Private Security Program
301 South Park Ave, Fourth Floor
PO Box 200513
Helena MT 59620
Phone: (406) 444-6880

Email: **DLIBSDHELP@MT.GOV**
Website: **PRIVATESECURITY.MT.GOV**

Private Security Firearms Instructor Renewal Application

Name: _____ License Number: _____

If your preferred mailing address has changed, please list your new address below:

Preferred mailing address: _____

City, State and Zip Code: _____

Your Montana Private Security Firearms Instructor license expires on March 1.

Active Renewal Fee: \$125.00

Inactive Renewal Fee: \$62.50

Active Late Renewal: \$250.00 (if Postmarked after March 1)

- 1) Submit a check or money order in the amount of \$125.00 made payable to the Private Security Program. **DO NOT SEND CASH. NOTE:** Renewals postmarked after March 1 are subject to an additional \$125.00 late fee, increasing the total amount due to \$250.00.
- 2) In accordance with ARM 24.182.520(b), for registration, a Private Security Firearms Instructor shall file a yearly certificate of insurance to the Private Security Program with proof of a minimum of \$500,000 of commercial general liability which includes personal injury.

I affirm that I maintain a commercial general liability insurance policy as stated above. Please attach a current certificate of liability insurance to the renewal form.

I have not maintained a commercial general liability insurance policy as stated above. The Department may consider disciplinary action against your license.

- 3) Answer the disciplinary question, sign and date the renewal application, and return it to the Department office with the appropriate fees and other required documentation (if applicable) before March 1.

Statement: By signing the application below, I declare under penalty of perjury that any false statement may lead to subsequent suspension or revocation of licensure on ethical grounds.
Incomplete or unsigned renewal applications will not be processed and will be returned, which may be subject to the late fee if not post marked on or before March 1.

CONTINUING EDUCATION: I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.182.2103 and that I may be audited for compliance with these requirements. I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the rule stated above.

Have any legal or disciplinary actions been instituted against you or any of your professional licenses since either your initial licensure in Montana or since you renewed your license, whichever occurred latest? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Section 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Yes If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Section 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

No

Signature: _____

Date: _____