

Montana Private Security Program
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**

Security Alarm Installer Application

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

1. FULL NAME: _____
Last First Middle
2. OTHER NAMES KNOWN BY: _____
3. LICENSE NAME: _____
State your name as it should appear on your license if granted.
4. HOME ADDRESS: _____
Street or PO Box #
City State Zip Code

PREFERRED MAILING ADDRESS (Check one): Home or Business

EMAIL ADDRESS: _____

5. TELEPHONE: HOME _____ FAX _____
6. SOCIAL SECURITY NUMBER: _____
7. DATE OF BIRTH: _____ MALE
FEMALE
8. US CITIZEN LEGAL PERMANENT RESIDENT
9. ELECTRONIC SECURITY COMPANY INFORMATION (PRESENT EMPLOYER):

Business Name: _____ License #: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

10. List all professional licenses you hold or ever have held. License Verifications must be sent directly to the Montana Department office from each state/province/territory. (See attached)

State	License #	License Type	Issue Date	Expiration Date	License Method			Requested Verification?	
					Exam	Endorse	Other	Yes	No
					Exam	Endorse	Other	Yes	No
					Exam	Endorse	Other	Yes	No
					Exam	Endorse	Other	Yes	No

11. Have you ever been licensed in the State of Montana? If yes, please provide the license information:

TYPE: _____ LICENSE #: _____ EXPIRATION DATE: _____

12. CHARACTER REFERENCE

Please type or print name and address of one reference, not related by blood or marriage, who has known you or associated with you for a minimum of one year.

Name:
Address:
Telephone Number:

13. TRAINING

I attest I have completed the 16 hours of training required by ARM 24.182.810.

Applicant's Signature

Printed Name

On behalf of the Security Company employing or intending to employ the applicant, I certify that the applicant has successfully completed a minimum of 16 hours of training as required by ARM 24.182.810.

Designated Manager's Signature

Printed Name

**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.

PERSONAL HISTORY QUESTIONS

- | | | |
|--|-----|----|
| 14. 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 |
| 15. Have you ever surrendered a credential like those listed in number 14, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 16. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 17. 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 |
| 18. Have you ever withdrawn an application for any professional license? | Yes | No |
| 19. 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 |
| 20. 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.

- | | | |
|---|-----|----|
| 21. 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 |
| 22. 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 23 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.

- | | | |
|---|-----|----|
| 23. 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 |
| 24. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 25. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 26. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |
| 27. 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.

Printed Name of Applicant

Legal Signature of Applicant

Date



Signature (for ID card): _____



INSTRUCTIONS TO OBTAIN FINGERPRINT BACKGROUND CHECK

Carefully read and follow the steps in the order specified below:

1. **Submit a license application to the BSD online or by paper and an application fee. The application includes an *Applicant Rights & Consent to Fingerprint Notice*.** This form authorizes our agency to receive and review your fingerprint background check results. **Any fingerprint background check results received without your acknowledgement of receipt of an *Applicant Rights & Consent Notice* (acknowledged received if online or signed and returned to us if on paper) may be discarded.**
2. You may continue to work on completing your application while the results are processed (e.g., forwarding transcripts or verifications) but if you have not completed your application within six months after our receipt of the results, you will be required to resubmit your fingerprints to obtain a current background check results.
3. You have two options to have your fingerprints captured:
4. **Option 1** – Participating Local Law Enforcement Agency (estimated time to send results to the Board or Program **4 to 8 weeks**). Contact the Law Enforcement Agency in advance to ask if it performs non-criminal fingerprinting and if so, the need for an appointment, forms of acceptable identification, hours of operation, cost, and methods of payment. Find out if the agency will supply the appropriate Fingerprint Card (Form FD258 rev. 5-15-17) or if you need to obtain the card from MDOJ prior to arriving.

- OR -

Option 2 – Montana Department of Justice (MDOJ), Division of Criminal Investigations-Criminal Records (estimated time to send results to the Board or Program **3 to 5 business days**). Before traveling to Helena, you must first schedule an appointment online at <https://dojmt.gov> and click on the link for fingerprint appointments where you will be directed to log in or create an account. Please direct questions to the MDOJ contact information as follows:

2225 Eleventh Avenue
PO Box 201403
Helena, MT 59620
Email: dojcriss@mt.gov (406) 444-3625

5. You *may* be charged a fee to capture each set of your fingerprints. This fee is in addition to the processing fee paid to MDOJ to run the background check.
6. Provide the technician with a government-issued, photograph identification to prove your identity.

7. **IMPORTANT**: Provide the technician a copy of a Fingerprint Card Example for the license type you are applying for that contains information ***unique to your license type***. The fingerprint card must have all fields correctly filled out to be accepted by the MDOJ.
8. Request the technician to capture your fingerprints TWICE and create TWO fingerprint cards to help avoid unnecessary delay due to rejection of poor quality prints. This is especially important if your fingerprints are ink-rolled.
9. If using a Local Law Enforcement Agency, you must mail the completed Fingerprint Card in a manila envelope with the correct amount of postage and a check or money order made payable to the "Montana Department of Justice" in the amount of **\$30.00** to:

Montana Criminal Records
2225 Eleventh Avenue
PO Box 201403
Helena, MT 59620

Please do **NOT** fold or staple the fingerprint card. Please do **NOT** upload the fingerprint card to your online account with the Department of Labor & Industry, Business Standards Division.

10. You will be notified to take corrective action if your fingerprint card is rejected as "unreadable," is not accompanied by proper payment, or is incomplete. A second rejection of a fingerprint card as "unreadable" will require BSD to conduct a name-based search, resulting in additional processing time.
11. Once a fingerprint card or name-based search is processed, the resulting criminal history (aka "Identity History Summary") result will be sent directly to the Board in care of the Business Standards Division. If there is a conviction or convictions that require Board review, we will notify you.
12. Notice of your privacy rights and procedures for obtaining a change, correction, or updating of an Identity History Summary are provided to you separately in the *Applicant Rights & Consent to Fingerprint Notice*.

End of Instructions



APPLICANT RIGHTS & CONSENT TO FINGERPRINT NOTICE

As required by 28 CFR § 50.12, you are advised that your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation and the Montana Department of Justice for the sole purpose of applying for professional licensure. Any resulting criminal history record will be retained for this purpose only and will not be disseminated outside of the Montana Department of Labor & Industry and related licensing board or program.

A Privacy Act Statement further explaining authority, principal purpose and routine use by the FBI of your information is included on the following page.

CHANGE, CORRECT, OR UPDATE RECORD

Procedures for you to obtain a change, correction, or update to your criminal history record are set forth in Title 28, C.F.R. § 16.30 - 16.34.

Our office will notify you if a disqualifying criminal offense is found in your criminal history record and give you a reasonable opportunity to challenge or correct the information, or decline to do so, before making a licensure decision.

If we notify you of a disqualifying conviction in your criminal history record, you may contact board or program licensing staff at the Business Standards Division of the Department of Labor & Industry to obtain a copy of your criminal history record. You can view your criminal history record in person, have it mailed to you, or sent to you by the State of Montana File Transfer Service. For security reasons, the criminal history record cannot be emailed to you.

If, after review, you believe your criminal history record is incorrect or incomplete and wish to change, correct, or update the alleged deficiency, you should apply directly to the law enforcement agency that contributed the questioned information. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the law enforcement agency that contributed the question information requesting the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes in accordance with the information supplied by that agency. Information regarding this process may be obtained at www.fbi.gov/services/cjis/identity-history-summary-checks.

Within 10 calendar days of the date of receiving the results of the criminal history record, you must notify the board or program licensing staff if you have challenged your record by providing a copy of the correspondence you have submitted as referenced above. If the licensing board or program has not received a copy of such correspondence within 10 calendar days, licensing staff will schedule a disposition on the issuance of your license based on the record in its possession.

Privacy Act Statement

The Montana Department of Labor & Industry, Business Standards Division is required by federal law to provide you this privacy act statement. This statement is also located on the back of the FD-258 fingerprint card.

“Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.” *Eff. 03/30/2018*

By signing below, I acknowledge that I have received a copy of the above Applicant Rights & Consent to Fingerprint Notice and Procedure to Change, Correct, or Update Record, and Privacy Act Statement and that I consent to provide and use my fingerprints for the stated purpose.

Applicant
Signature: _____ Date: _____

Applicant
Name: _____
Please Print Legibly

Directions to Applicant: Return a signed copy of this document to the Department of Labor & Industry and maintain a copy for your own records.

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(406) 444-6880

Email: **DLIBSDHELP@MT.GOV**

Website: **PRIVATESECURITY.MT.GOV**

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION & LIABILITY

I, _____, am an applicant for licensure as a

- Security Guard Private Investigator/Trainee Alarm Response Runner
- Resident Manager Alarm Installer Process Server

and, if issued a license, will be employed with the following private security employer:

(Name of Business)

(Name of Authorized Business Representative)

Address

Telephone Contact

I understand that the consideration of my application and issuance of my license is contingent on my employment with a private security company regulated by Title 37 chapter 60, MCA and hereby authorize the Department to release, upon written request to the employer identified above, any and all information regarding my application and license status which may not be considered to be public information, except that the Department shall not release Criminal History Record Information obtained from the Montana Department of Justice and Federal Bureau of Investigation.

The information I authorize the Department to disclose written or verbal to my employer includes, but is not limited to, application status, the particulars of missing application information or fees, and disciplinary action.

I further understand and expressly release the Department of Labor and Industry and the State of Montana from liability for further unauthorized dissemination by the above employer of information protected by law as confidential.

A photocopy or electronic version of this signed release shall be considered as valid as the original. This authorization will remain in force as long as my application is pending and if the license is issued to me, for the duration of my employment with the above employer or until revoked by me, in writing and received by the Private Security Program.

Signature (Applicant/Licensee)

(Date)

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 boards 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 Private Security Program 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 **Private Security Program, PO Box 200513, Helena, MT 59620-0513** or dlibsdhel@mt.gov Your early response is appreciated.

(Signature of Applicant)

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 PRIVATE SECURITY PROGRAM

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: _____