



Burglar Alarm Company

APPLICANT INFORMATION

Business Legal Name: _____

**Note: If you are a Sole Proprietor, this is your legal name.*

Utah Division of Corporation
Registration (entity) Number: _____

IRS Employee ID
Number (EIN): _____

DBA (if applicable): _____

DBA Registration
Number: _____

Mailing Address: _____

Street Address (including Apt/Unit/Ste #) and/or PO Box

City

State

ZIP Code

Email (required): _____

Note: All Division notices and communication will be sent to this email

Company Phone: _____

Local Contact for Licensing Purposes: _____

Email Address for Local Contact: _____

Alternate Phone for Local Contact: _____

I understand that in all areas of this application the words "you", "I" and "applicant" apply to the entity listed above and all subsidiaries, owners, qualifiers, and prior entities and DBA's for which these individuals have been involved.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Authorized Signer: _____

Date: _____

Printed Name and Position of the Authorized Signer: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

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1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
-
2. Yes No Do you CURRENTLY have **any criminal or administrative action pending or active**?
-
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
-
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?
-

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- DISCLOSE charges that were later held in abeyance, diverted, reduced, or dismissed.
- DISCLOSE motor vehicle offenses such as driving while impaired or intoxicated; however, you do not need to disclose minor traffic offenses such as a parking or speeding violations.
- DISCLOSE if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do NOT NEED TO DISCLOSE juvenile offenses, unless you were convicted outside of juvenile court.
- You do NOT NEED TO DISCLOSE legally expunged criminal histories.
-

For more information, see DOPL's [criminal history FAQs](#).

GENERAL BUSINESS INFORMATION

Section 1: Please select entity type:

- Business Trust
- Corporation
- General Partnership
- Limited Liability Company
- Limited Partnership
- Limited Liability Partnership

- Sole Proprietorship
If registered as sole proprietorship, complete Section 2 below.

Section 2: To be completed by Sole Proprietorship applicants only.

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License

or State Id Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver's License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

PROFESSIONAL LICENSES

List all other licenses, registrations, or certifications issued by any jurisdiction which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

PAYROLL & INSURANCE

The applicant **HAS EMPLOYEES or OWNER-WORKERS** and appropriate workers' compensation insurance is in force and will be maintained.

YOU MUST PROVIDE THE FOLLOWING:

1. A copy of your **workers compensation certificate**

AND

The following information:

- Department of Workforce Services Unemployment Insurance Registration Number: _____
- State Tax Commission Withholding Tax Account Number: _____
- Federal (IRS) Employee Identification Number (EIN): _____

OR

2. A copy of your signed contract with a registered professional employment organization (PEO).

The applicant does **NOT HAVE EMPLOYEES** and does not intend to hire employees within the foreseeable future.

GENERAL LIABILITY INSURANCE

All licensees MUST have a General Liability Insurance. The minimum required coverage is \$300,000 for each incident and \$1,000,000 in total. The coverage must cover all scope of work for the licensee for the entire duration of active licensure.

ATTACH YOUR CERTIFICATE OF INSURANCE with DOPL NAMED AS THE CERTIFICATE HOLDER TO THIS APPLICATION and retain a copy in your own records. DOPL may request a copy of the insurance certificate at any time.

CERTIFICATION

I certify that the licensee has general liability insurance, as required by Utah law and rules, which covers all scope of work of the licensee, and shall be in effect for the entire duration of active licensure.

I certify that I will maintain a copy of all general liability insurance certificates at all times of active licensure, that includes the name and address of the insurance company, name and address of the insured, policy number, expiration date, and policy limits.

I certify that if the licensee has employees or owner-workers holding less than 8% ownership that the licensee will maintain workers compensation insurance as required by Utah law and rules and will maintain a copy of the documents and information listed above at all times during active licensure.

I certify that I understand that DOPL may request these records and information at any time to determine compliance.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signature of Authorized Signer: _____ Date: _____
Knowingly making a false statement as provided under Utah Code Ann. §76-8-503 is a class B misdemeanor.

Printed Name and Position of Authorized Signer: _____

OWNERSHIP LISTING

Please complete the following information for all officers, directors, shareholders owning more than 5% of the stock of the company, partners, proprietors and responsible management personnel. Make additional copies as needed.

Full Legal Name: _____
First Middle Last

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Is this individual a Licensed Burglar Alarm Agent? Yes No If yes, license number: _____

Full Legal Name: _____
First Middle Last

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Is this individual a Licensed Burglar Alarm Agent? Yes No If yes, license number: _____

Full Legal Name: _____
First Middle Last

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Is this individual a Licensed Burglar Alarm Agent? Yes No If yes, license number: _____

Full Legal Name: _____
First Middle Last

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Is this individual a Licensed Burglar Alarm Agent? Yes No If yes, license number: _____

QUALIFYING AGENT EXPERIENCE AND EXAMINATION

If you have more than one Qualifying Agent, you must complete this section for each individual. Please make additional copies as needed.

To be completed by the applicant:

Qualifying Agent's Full Legal Name: _____
First Middle Last

Utah Alarm Agent License Number: _____ Expiration Date: _____

Previously approved as the Qualifying Agent for DOPL License (if applicable): _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Association with Alarm Company: Owner Director Partner W-2 Employee in Management Position

Each Qualifying Agent is required to pass the Utah Burglar Alarm Company Qualifier Examination and Utah Burglar Alarm Security Law and Rule Exam. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Please see the Exam section of our website, at: www.dopl.utah.gov/ba/ for complete information.

In addition to passing the required exams, each qualifying agent must provide the following items to complete the application:

- An original record of criminal history or certification of no record of criminal history for the qualifying agent, issued by the Bureau of Criminal Identification.
- Documentation of at least 4 years of experience in the last 10 years. Please select one:
 - Previously approved Qualifying Agent for Utah license listed above for at least 4 of the last 10 years.
 - Document below 6,000 hours of paid experience with an alarm company along with 2,000 hours as a manager or administrator in either the alarm company business or construction trades. Attach W-2's (if an employee) OR tax return documents showing ownership distribution (if an owner in the company) covering the time period listed below.

Note: If your experience was obtained with more than one employer, each employer must complete a separate form.

To be completed by the Supervisor:

Name of Alarm Company: _____

Name of Supervisor: _____ License Number: _____

Establishment Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ Email: _____

Dates of Employment/Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Total Hours of Management or Administration Experience: _____

Total Hours of Paid Experience: _____

Is the applicant currently employed with the facility? Yes No

If no, is the applicant re-hirable? Yes No, Please explain: _____

I do hereby certify that the information provided above is true and accurate. I further certify that the applicant is qualified and competent to practice as an Alarm Company Qualifying Agent.

Signature of Supervisor: _____ Date: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required to complete your application:

- \$331.00 non-refundable application processing fee.
- Supporting documentation for any “yes” answers provided on the “Qualifying Questionnaire”. Page 2
- General Liability Insurance Certificate with a minimum required coverage of \$300,000 for each incident and \$1,000,000 in total and “DOPL” named as the Certificate Holder.
- Proof of Workers Compensation Insurance (*if applicable*).
- Copy of signed PEO contract (*if applicable*).
- Supporting documentation as outlined in the Qualifying Agent Education and Examination section. Page 6

Contact us at: B6@utah.gov with any questions.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741