

<b>Contract Security Basic Training Program</b>
Armored Car Basic Training Program
Firearm Training Program

APPLICANT INFORMATION				
Business Legal Name:				
*Note: If you are a Sole Proprietor, this is your legal name.				
DBA (if applicable):License Number (if applicable):				
Address:  Street Address (including Apt/Unit/Ste #) and/or PO Box				
City:State:State:State:Sip:				
Full Name of Local Contact:    First   Middle   Last				
Phone: () Email:				
Note: All Division notices and communication will be sent to this email  Is your training offered: □ In Person □ Online □ Both				
If you selected Online or Both above OR if your program utilizes multi-media tools, did you include a copy of the original medium as required? $\Box$ Yes $\Box$ No				
AFFIDAVIT AND RELEASE				
1. I certify that I am qualified in all respects for the license for which I am applying with this application				
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.				
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.				
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.				
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.				
I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.				
I declare under criminal penalty under the law of Utah that this application is true and correct				
Signature of Authorized Signer:Date:				
Printed Name of the Authorized Signer:				
Position of Authorized Signer				



## APPLICATION CHECKLIST AND INSTRUCTION

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

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.

## **ALL APPLICANTS**

AΠ	applicants	are required t	submit following items to	complete the application
----	------------	----------------	---------------------------	--------------------------

- □ \$300.00 non-refundable application processing fee.
- ☐ Written education and training manual which includes\*:
  - course syllabus with an hourly breakdown of the course outline and training schedule
  - course curriculum
  - a four-hour instructor training program
  - testing tools
  - (*if applicable*) a copy of the original medium if the course is offered online or multi-media learning tools are used

**NOTE**: Your application is considered *incomplete* if all items listed above are not included with this application.

Upon receipt of a complete application, you will be scheduled to attend the next Security Services Licensing Board meeting where you will present your training manual for approval. Only **complete** applications will be added to the meeting agenda.

Submit completed application to the Division:

By US Postal Service:

Division of Professional Licensing PO BOX 146741 Salt Lake City, UT 84114-6741 By in-person or express delivery:

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

<sup>\*</sup>These items may be submitted via email to: <u>B6@utah.gov</u>