ALABAMA SECURITY REGULATORY BOARD

PERSONAL LICENSE APPLICATION

2777 Zelda Road

Montgomery, AL 36106

PERSONAL APPLICATION CHECKLIST

- ❑ ASRB **PERSONAL LICENSE APPLICATION*** (check the appropriate box)
  - ❑ 2 ea. Recent color pictures, separated, passport-style, **renewal no photos required.**
  - ❑ Military Separation documents if applicable (DD-214 or equivalent)
  - ❑ Proof of Age/Citizenship (copy of a current state-issued driver's license/non-driver I.D is sufficient)

- ❑ ASRB **CERTIFICATION OF TRAINING***

- ❑ ASRB **AUTHORIZATION FOR RELEASE OF INFORMATION***

- ❑ **CRIMINAL HISTORY INFORMATION RELEASE FORM*** (ALEA Release Form)

- ❑ 2 ea. **APPLICANT** fingerprint cards

Cashier's Checks, Money Orders, or Business Checks from a Board-Licensed Contract Security Company for the following amounts: (Payee: Alabama Security Regulatory Board or ASRB)

- ❑ $88.25: Personal License fee (Late fee $25.00; Replacement fee $10.00)

Submit all forms to the Board at:

Alabama Security Regulatory Board
2777 Zelda Road
Montgomery, AL 36106

ALABAMA SECURITY REGULATORY BOARD

PERSONAL LICENSE APPLICATION

2777 Zelda Road

Montgomery, AL 36106

FOR BOARD USE ONLY

BY: _____ Approved❑

DATE: _____ Denied❑

Each security officer of armed security officer requesting or renewing a license shall pay a nonrefundable security license fee of ***$88.25***. ***Check made payable to ASRB*** **Submit: 2 color photographs (passport size). Photographs must show the subject in a frontal portrait.**

NOTICE: This application must be typed or legibly printed in blue or black ink. All applicable questions must be answered. Indicate not applicable questions by entering "N/A "(not applicable) in the proper field.

Incomplete applications and applications that are not legible will be returned without consideration.

If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered.

This Application is for: ❑New License/Certification
❑License Renewal License #: _____

License Applied for: **(Check One)** ❑ Security Officer ❑ Armed Security Officer

1. PERSONAL INFORMATION

Full Name (LAST, First, Middle)							Date of Birth (MM/DD/YYYY)
Social Security Number	Race	Sex	Height	Weight	Eyes	Hair	Place of Birth (City, ST)
Aliases (any other name you have been known by; e.g., Maiden Name, Married Name, etc.… [DO NOT INCLUDE CASUAL NICKNAMES])							
Home Phone	Cell Phone	E-Mail					
Licensed Security Company Currently Working For: (MANDATORY)							**Co. Lic #: (if available)**

2. RESIDENCES

Current Residence (Street Address, City, ST, ZIP)	How Long?
LIST ALL PRIOR RESIDENTIAL ADDRESSES FOR THE PAST 10 YEARS (Street Address, City, ST, and ZIP). Use additional sheets if needed.	
A	How Long?
B	
C	
D	

3. MILITARY SERVICE

Have You Ever Served in the Military?	From	To	Type of Discharge
❑No ❑Yes (answer questions to the right)			

If "Yes": include a copy of you Separation Document(s) (e.g., DD Form 214) with your application to the Board.

4. EMPLOYMENT

STARTING WITH THE MOST RECENT, LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS (including part-time employment). All time must be accounted for. If unemployed for any time indicate by entering "Unemployed" in the 'Employer' field and enter the dates of unemployment.
Use Additional Sheets if needed.

Employer Name, Address, & Telephone #	Dates From	To	Position/Type of Work	Name of Supervisor	Reason for Leaving
A					
B					
C					
D					
E					

5. CRIMINAL HISTORY

Have You ever been arrested or charged with any violation (including traffic citations and UCMJ violations), misdemeanor, or felony? ❑No ❑Yes

(If 'Yes' provide details below, even if not formally charged, found 'Not Guilty', or if the charge was settled by payment of a fine or by pre-trial diversion attach Court documents to support final disposition)

Date	Jurisdiction	Charge	Final Disposition	Details (Use additional sheet if needed)

6. REFERENCES

LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF 3 UNRELATED AND DISINTERESTED PERSONS TO BE USED AS REFERENCES FOR BOARD INQUIRIES ABOUT YOUR STANDING, REPUTATION, AND CHARACTER.

1

2

3

7. AFFIRMATION OF UNDERSTANDINGS

By signing this form, I affirm that I understand the following;

1. Licensure with the Alabama Security Regulatory Board (the Board) is a privilege, not a right, and my license may be revoked for violation of any law, rule, or regulation deemed relevant by the Board.
2. Making false statements to or providing false information to the Board is grounds for denial/revocation of licensure.
3. After I submit this application, I may work as a Security Officer or Armed Security Officer until the Board notifies me of either an approval or denial of personal licensure which will occur within a reasonable time following receipt of my application.
4. The Board will conduct a comprehensive background investigation to include a criminal history check and may include additional checks and verifications as determined by the Board.
5. I must keep Temporary License at the bottom of this page on my person at all times that I am performing any service or activity regulated by the Board until the Board either issues or denies my Personal License.
6. If the Board denies my Personal License, I must immediately stop performing any services or activities regulated by the Board upon receipt of notification of license denial.
7. If the Board denies personal licensure, I can appeal the denial decision to the Board following the procedures on the Alabama Administrative Procedures Act.
8. I must comply with all relevant laws, as well as all rules and regulations promulgated by the Board at all times when performing any activity regulated by the Board.

8. MANDATORY SWORN DECLARATIONS

By signing below, I certify and declare that;

1. I am 21 years of age or older if applying for an Armed Security Officer License, or 18 years of age or older if applying for a Security Officer License. (ATTACH PROOF OF AGE)
2. I am a citizen of the United States or a resident alien. (ATTACH PROOF OF CITIZENSHIP OR PROOF OF RESIDENT ALIEN STATUS)
3. I have never been convicted in any jurisdiction of the United States of any Felony or crime involving Moral Turpitude for which a full pardon has not been granted.
4. I have never been declared, by any court of competent jurisdiction, incompetent by reason of mental defect or disease, and competency has not been restored.
5. I am not suffering from habitual drunkenness or from narcotics addiction or dependence.
6. All information I have provided to the Board is true and accurate.

By signing this document, the applicant affirms under penalty of perjury that the information provided is factually truthful.

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

_____
APPLICANT SIGNATURE

_____
DATE

RECIEVED:	REVIEWED:	CRIMINAL HISTORY REC'D:

-✂----------CUT----------✂----------CUT----------✂----------CUT----------✂-

The person identified on this Temporary License has completed and signed an ASRB Personal License Application to be submitted to the Board.
.

STATE OF ALABAMA, COUNTY OF
_____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

ALABAMA SECURITY REGULATORY BOARD TEMPORARY PERSONAL LICENSE

Print Full Name

F O L D

_____
Date of Application

❑ Security Officer ❑ Armed Security Officer

This document meets all ASRB Temporary License requirements ONCE A PERSONAL APPLICATION HAS BEEN SUBMITTED TO THE BOARD. This document must be carried at all times the Applicant is performing any regulated activity. This Temporary License is valid until a Personal License is either granted or denied by the Board.

ALABAMA SECURITY REGULATORY BOARD

AUTHORIZATION FOR RELEASE OF INFORMATION

2777 Zelda Road

Montgomery, AL 36106

(334) 420-7234 Fax (334) 263-6115

NOTICE: This form must be typed or legibly printed in blue or black ink. All applicable questions must be answered. Indicate not applicable questions by entering "N/A "(not applicable) in the proper field.

Incomplete forms and forms that are not legible will be returned without consideration.

If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered.

1. PERSONAL INFORMATION

Full Name (LAST, First, Middle)	Date of Birth (MM/DD/YYYY)

Aliases (any other name you have been known by; e.g., Maiden Name, Married Name, etc.… [DO NOT INCLUDE CASUAL NICKNAMES])

Current Residence (Street Address, City, ST, ZIP)

Home Phone	Cell Phone	E-Mail

2. DECLARATION OF UNDERSTANDINGS

I understand that the Alabama Security Regulatory Board (herein after, "the Board") will conduct any investigation deemed necessary to ensure that I fulfill all requirements for licensure by the Board.

I understand that a FBI and ABI Background Check will be done.

I understand that inquiry may be made regarding my residential history, employment history (to include disciplinary and training records), school records, financial records, or any other record, information, or knowledge deemed relevant by the Board.

I understand that inquiry may also be made into any history of controlled substance or alcohol abuse by me, and into my mental competency.

3. AUTHORIZATION, WAIVER AND RELEASE

I hereby authorize Alabama Security Regulatory Board (herein after, "the Board") to conduct a background investigation of me to determine my suitability for licensure by the Board.

I hereby waive any provision of law forbidding any court, law enforcement agency, credit reporting agency, employer, school or school official, financial institution, business, or person from disclosing to the Board any record, information, or knowledge concerning me and I give permission without restriction for any court, agency, business, or person to disclose any record, information, or knowledge concerning me to the Board.

I hereby release any court, law enforcement agency, credit reporting agency, employer, school or school official, financial institution, business, or person from any and all claims, demands, losses, suits, and actions of any kind, whether at law, in equity, through litigation or arbitration, in connection with any court, agency, business, or person acting in compliance with any request for records, information, or knowledge about me by the Board.

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

_____
APPLICANT SIGNATURE

_____
DATE

DESCRSPTION OF TRAINING

NOTE: This form must be typed or legibly printed in blue or black ink. All applicable questions must be answered. Indicate not applicable questions by entering "N/A "(not applicable) in the proper field.

Incomplete forms and forms that are not legible will be returned without consideration.

If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered.

4. PERSONAL INFORMATION

Full Name (LAST, First, Middle)

5. CERTIFICATION OF TRAINING

Initial/Basic Training: (required to receive a SECURITY OFFICER or ARMED SECURITY OFFICER license)

- ❑ I certify that I have received a minimum of 8 hours of Initial/Basic training from a Certified Trainer.
  - o Summarize the training received in Section 6 of this form and provide proof of training received.

Refresher Training: (required for **renewal** of a SECURITY OFFICER or ARMED SECURITY OFFICER license)

- ❑ I certify that I have received a minimum of 8 hours of Refresher Training from a Certified Trainer.
  - o Summarize the training received in Section 6 of this form and provide proof of training received.

Armed Security Officer Training: (additional training required to receive or renew an ARMED SECURITY OFFICER license)

- ❑ I certify that I have received a minimum of 4 hours of initial Armed Security Officer training from a Certified Trainer. (Needed ONLY for initial licensure)
- ❑ I certify that I have received a minimum of 2 hours of annual refresher Armed Security Officer training from a Certified Trainer. (needed for License **renewal** ONLY)
  - o Summarize the training received in Section 6 of this form and provide proof of training received.

Exemption: I certify that I am exempt from the Initial/Basic Training requirement as permitted by §34-27C-8(d) for **ONE** of the following reasons;

- ❑ Within three years before applying to the Board, I have completed basic security training through a military, government, or security training institute that meets or exceeds the initial training required by the Board.
  - o Summarize the training received in Section 6 of this form and provide proof of training received.
- ❑ I am employed by a Contract Security Company that has a training curriculum and standards that meet or exceed the basic training required by the Board.
  - o Identify the Contract Security Company that you are employed with in Section 3 of this form and provide proof of training received.
- ❑ I am a sworn peace officer or a retired peace officer
  - o Provide proof of status.
- ❑ I have a minimum of five (5) years of continuous experience as a Security Officer or Armed Security Officer prior to applying to the Board.
  - o Summarize your continuous experience in Section 6 of this form, to include the name, business address, and contact telephone number for any Contract Security Company that you have worked for to satisfy the five (5) years of continuous experience required by this section.
- ❑ I have less than five (5) years continuous experience as a Security Officer or Armed Security Officer but I have received training as required by §34-27C-8(a) from a person who has become a Certified Trainer as provided for in rules adopted by the Board during my current period of employment.
  - o Summarize your current period of employment in Section 6 of this form, to include the name, business address, and contact telephone number for any Contract Security Company that you have worked for.
  - o Identify the Certified Trainer that you received training from, to include the Certified Trainer's Name and Certification Number, and provide proof of training received

6. DESCRIPTION OF EXPERIENCE/TRAINING

Summarize courses completed in training in this section. Attach any supporting documentation and/or certificates of training to this form and submit with your Application to the Board.

Board Licensed Certified Trainer Name and License Number: _____

ALABAMA LAW ENFORCEMENT AGENCY

Release Form for Alabama Security Regulatory Board

Full Name (First, Middle, Last, Suffix): _____

Applicant Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Alias or Nickname(s): _____ **Sex/Gender:** ☐ Male ☐ Female

Social Security Number: _____ **Date of Birth:**_____*(month/date/year)*

Race: ☐ White ☐ Black ☐ Asian ☐ Indian ☐ Other (please specify) _____

Current Driver's License Number:_____ **Issuing State**: _____

Current e-mail address: _____

Home Phone #: (_____) _____ **Cell Phone #:** (_____) _____

Work Phone #: (_____) _____ Extension: _____

Included with my Application are the following items*:*

- ☐ Completed Application signed by applicant and **two witnesses *OR* notarized**.
- ☐ A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.

Affidavit for Release of Information:

I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

Randy Barrows with Alabama Security Regulatory Board

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than $5,000 nor more than $10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be incomplete or inaccurate (see "Appendix A-1" for contact information).

Applicant Signature_____ **Date**_____

Name of Witness _____ **Name of Witness** _____

Address of Witness _____ **Address of Witness** _____

City, State and Zip_____ **City, State and Zip**_____

Sworn to and subscribed before me this ____ day of _____, 20___.

Notary Signature _____ **My Commission Expires** _____, 20___.

FOR ALEA OFFICIAL USE ONLY:

TCN: _____ **SID: AL** _____

Received By (Initials): _____/**Date:** _____ **Processed By (initials):** _____/**Date:** _____

Appendix A-1 – Chapter 265-X-2	ALABAMA LAW ENFORCEMENT AGENCY **Application to Challenge Alabama Criminal History Record Information**

Request to Challenge CHRI maintained by ALEA

An individual may Challenge or Appeal any portion of his or her own Criminal History Record Information (CHRI) maintained by the ALEA Records and Identification Division that he or she believes to be **incomplete** or **inaccurate**. This may be requested by completing the *ALEA Application to Challenge AL Criminal History Record Information* and returning it along with the required documentation to ALEA within one calendar year of the date of the ALEA response to the individual's request to review CHRI.

Please ATTACH IN WRITING to this completed application the following information regarding EACH arrest and/or disposition you wish to challenge:

1. **The charge and DATE of each** specific arrest or disposition being challenged;
2. **The Name of the ARRESTING AGENCY OR COURT for each** arrest or disposition being challenged;
3. **A listing of each specific arrest or disposition** being challenged;
4. **The details related to why each specific arrest** is incorrect or incomplete;
5. **What the applicant believes to be the correct information for each arrest or disposition** being challenged;
6. **Where the applicant obtained what he/she believes to be the correct supporting information** (if applicable); and
7. **Official documentation from the arresting agency or court (if applicable) to support** each arrest or disposition being challenged.

Please mail your completed application, along with the required documentation to:

Records & Identification Division

P.O. Box 1511

Montgomery, Alabama 36102-1511

The *ALEA Application to Review or Challenge AL Criminal History Record Information* will be reviewed by an ALEA official, along with the documentation provided. The applicant will be notified as promptly as possible of the results of the challenge and you may appeal a decision that is unsatisfactory to you according to the procedures established by the ALEA Commission.

Appendix B – Chapter 265-X-2	**Applicant Instructions** **For completing the ALEA Applications to Review or to Challenge Alabama Criminal History Record Information**

In order for your request to review, challenge or appeal your Alabama criminal history record information to be processed by the Alabama Law Enforcement Agency (ALEA), **you must complete the *ALEA Application to Review or to Challenge AL Criminal History Record Information* in accordance with the following instructions:**

1. **Your application must include ONE COPY of at least one of the following forms of your own valid photo identification:**
   a. A valid unexpired United States state-issued photo driver license or photo ID (non-driver) card;
   b. A valid unexpired United States Active Duty, Retiree or Reservist military ID card (DD Form 2 or 2A);
   c. A valid unexpired United States Military Dependent ID card (for spouse or children of Active Duty Military personnel);
   d. A valid unexpired United States Citizenship and Immigration Service Documentation, which may include either:
      i. Certificate of Naturalization N-550, N-570, N-578; or
      ii. Certificate of Citizenship N-560, N-561, N-645
   e. A valid unexpired United States Passport; or
   f. A valid unexpired Foreign Passport which meets the following requirements:
      i. A foreign passport must contain a Valid United States Visa or I-94 to be used as a primary proof of identification; or
      ii. A foreign passport, not issued in English, must be translated and accompanied by a Certificate of Accurate Translation. Passports are not acceptable if un-translated into English and/or expired.

2. **Your application must include the required $25.00 administrative fee in the form of only a cashier's check or a money order** made payable to the "ALEA Records and Identification Division" *(sorry – personal and/or business checks are not accepted).; and*

3. **Your application must include a classifiable set of your own fingerprints, taken by an authorized law enforcement agency** with an FBI-issued Originating Agency Number (ORI).
   a. The fingerprints accompanying your application should be provided to ALEA on an official FBI-approved "Applicant" fingerprint card or a FBI-approved AFIS printout of an official "Applicant" fingerprint card (i.e., FBI blue card) collected by an approved law enforcement agency with a valid FBI ORI. This permits positive identification and insures that the proper criminal record is reviewed.
   b. Details for the fingerprinting agency may be found in APPENDIX C.

4. **If your application is to CHALLENGE any part of your CHRI maintained by ALEA, the application must include, at a minimum:**
   a. The charge and DATE of each specific arrest or disposition being challenged;
   b. The Name of the ARRESTING AGENCY OR COURT for each arrest or disposition being challenged;
   c. A listing of each specific arrest or disposition being challenged;
   d. The details related to why each specific arrest is incorrect or incomplete;
   e. What the applicant believes to be the correct information for each arrest or disposition being challenged;
   f. Where the applicant obtained what he/she believes to be the correct supporting information (if applicable); and
   g. Official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.

5. **Your completed request and all of the required documentation should be mailed to:**

   Alabama Law Enforcement Agency – Records & Identification Division

   P.O. Box 1511

   Montgomery, Alabama 36102-1511

Please allow a minimum of 5-10 business days from the date the application is received by ALEA for ALEA to process your request for review. Requests to Challenge CHRI information do NOT fall under this timeframe, as they require additional research, contact and verification with the arresting agencies, etc. If you have any questions concerning this procedure, you may contact ALEA by calling (334) 353-4340.

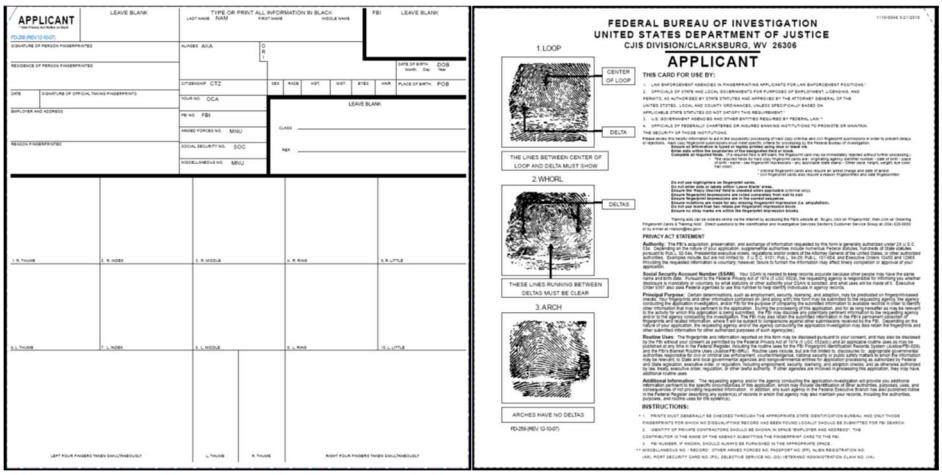
Appendix C – Chapter 265-X-2	**Instructions for Law Enforcement Official** **Taking the applicant's fingerprints on** **FBI "Applicant" Fingerprint Card** **FD-258 (Rev 12-10-07)**

In accordance with Alabama law and the procedures established in Section 265-X-2 of the *Alabama Administrative Code*, individual citizens may request and may be provided with classifiable sets of their own fingerprints to accompany a request for his/her own Alabama criminal history record information (CHRI) from the Alabama Law Enforcement Agency (ALEA).

1. **One of the requirements for an individual to request their own criminal history record information is that the individual to provide ALEA with a classifiable set of his or her own fingerprints (taken by an authorized law enforcement agency with an FBI-issued ORI) with his or her application to Review or Challenge his or her own Alabama criminal history.** This permits positive identification and insures that the proper criminal record is reviewed and/or challenged.

1. **The individual you are fingerprinting should provide proper identification to your agency upon request.**

2. **The individual's fingerprints should be taken by law enforcement on an FBI "Applicant" Fingerprint Card (i.e. blue card).** Please insure that your agency's name and ORI, AND your name and telephone number, are included on the completed fingerprint card. A sample of the FBI "Applicant" Fingerprint Card FD-258 (Rev 12-10-07) for your reference purposes is provided below.



3. **Please return the completed fingerprint card to the applicant,** as it is the APPLICANT's responsibility to mail the completed CHRI request form, along with his/her own fingerprint card and the other required documents to:

Alabama Law Enforcement Agency

Records and Identification Division

P.O. Box 1511

Montgomery, Alabama 36102-1511

4. **If you have any questions,** please call ALEA at (334) 353-4340. **To request blank FBI APPLICANT cards**, your law enforcement agency may contact the FBI's Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at liaison@leo.gov