

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

Qualifier for a Contract Security or Armored Car Company

APPLICANT INFORMATION

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

DBA (if applicable): _____

Utah License Number: _____

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

City *State* *ZIP Code*

Phone: _____ **Email:** _____

Local Contact for Licensing Purposes: _____

Phone: _____ **Email:** _____

This application is for:

- Additional Qualifier
- Qualifier Replacement. Please remove _____ who no longer acts as a qualifier for this company.

Note: *If you are adding more than one qualifier, you must complete a separate application for each individual. Please make addition copies as needed.*

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 Occupational and 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 Qualifier: _____ Date: _____

Printed Name of the Qualifier _____

QUALIFER QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility (<i>domestic or foreign</i>) in any jurisdiction or on probation/parole in any jurisdiction?*

***NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

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 **9,10,11** or **12** 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.

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which the new qualifier now holds or has 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: _____

QUALIFIER EXPERIENCE AND EXAMINATION

To be completed by the applicant:

Qualifier's Full Legal Name: _____
First Middle Last

Utah Security Officer License: _____ Exp Date: _____

Previously approved as a qualifier for DOPL License (if applicable): _____

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

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

Each qualifier for a Contract Security Company is required to pass the Utah Security Personnel Qualifying Agent's Examination and each qualifier for an Armored Car Company is required to pass the Utah Armored Car Qualifying Agent Examination. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the examinations. Submit the fees directly to the testing agency. Do not submit your application until you have passed all required exams.

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

- Current resume.
- Documentation of at least 6,000 hours of qualifying experience. Please select one:
 - Previously approved qualifier for Utah license listed above for at least 3 years.
 - Provide documentation of 6,000 hours paid employment experience as a manager, supervisor or administrator of an armored car company or contract security company **AND** W2s from the company below OR tax returns showing ownership distribution from the company covering the time listed below.
 - Provide documentation of 6,000 hours paid supervisory experience with a federal, United States military, state, county, or municipal law enforcement agency **AND** W2s from the company below OR tax returns showing ownership distribution from the company covering the time listed below

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

To be completed by the Supervisor.

Name of 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 a Contract Security Company or Armored Car Company Qualifier.

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:

- \$50.00 non-refundable application-processing fee, made payable to "DOPL".
- \$40.00 fingerprint processing fee.
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire". See page 2 of the application for more information.
- Supporting documentation as outlined in the Qualifier Education and Examination section. (See page 3 of this application.)
- Fingerprints for the new qualifier.
 - **Please Note:** Fingerprint services are available, with no additional charge for DOPL applicants, at DOPL's office (160 E 300 S Salt Lake City) from 8:00am to 4:30pm. Applicants that arrive late in the day without leaving sufficient time to be processed may be turned away. **Valid government issued ID (ie US Driver's License, State ID, Passport or US Military ID) is required.** If you are unable to obtain fingerprints at DOPL's office, you must include two (2) completed blue fingerprint cards (Form FD-258) with your application.
 - **REVIEW OF YOUR FBI RECORD:** If you wish to challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI, Criminal Justice Information Services (CJIS) Division, Attn. SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

Submit the above items with your completed application to:

In person or via express delivery:

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

US Postal Service:

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