



State of Utah
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741-Salt Lake City, Utah 84114-6741
 Telephone (801) 530-6628
www.dopl.utah.gov

SECURITY PERSONNEL: *(Select One)*

- ARMED PRIVATE SECURITY OFFICER**
 UNARMED PRIVATE SECURITY OFFICER

Please list your *full legal name* as it appears on your driver's license, Social Security Card, etc.

Last Name:	First Name:	Middle Name:
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Social Security Number:	Maiden Name:
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I certify under penalty of perjury that:

- I am a citizen of the United States and I have a valid US Driver License or US State ID.
License/State ID Number: _____ **State:** _____
- I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. **Attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.**
- I am a non-citizen of the United States, who is lawfully present in the United States. I have a valid US Drivers License or US State ID. **License/State ID Number:** _____ **State:** _____
- I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. **Attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.**
- I am a foreign national not physically present in the United States.

Mailing Address:

City:	State:	ZIP:
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<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:
<input type="checkbox"/> Female			

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

Profession:	Issuing State:
License Number:	License Status: Issue Date:

Profession:	Issuing State:
License Number:	License Status: Issue Date:

AFFIDAVIT and RELEASE AUTHORIZATION

- I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.
- I certify that I have read and understand all statutes and rules pertaining to my practice as an Armed and/or Unarmed Contract Security Officer in Utah, and I agree to comply with such.
- I certify that am qualified in all respects for the license for which I am applying in this application.
- I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; 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, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, 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 of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____ Date of Signature: ___/___/____ (mm-dd-yyyy)

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

Interim Permit # _____	<input type="checkbox"/> Application Complete
License/Certificate Number: _____	<input type="checkbox"/> Qualifying Questionnaire
Date License/Certificate Approved/Denied: ___/___/____	<input type="checkbox"/> Copy of Drivers License / Valid ID
Temporary Approved/Denied By: _____	<input type="checkbox"/> Training: <input type="checkbox"/> Basic / <input type="checkbox"/> Firearm
Approved/Denied By: _____	<input type="checkbox"/> UCCH: Date: _____
Reason for Denial/Other Comments: _____	<input type="checkbox"/> FBI/BCI Returned: Date: _____

QUALIFYING QUESTIONNAIRE

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

(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. If you become licensed in the profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. 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 the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. 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? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (<i>i.e. plea in abeyance or deferred sentence</i>)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. 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?
	<p>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 13, 14, 15, 16, or 17 you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).</p> <p>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.</p> <p>If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.</p> <p>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.</p>

Printed Name of Applicant: _____

Signature of Applicant: _____ Date of Signature: ____/____/____ (mm-dd-yyyy)

CERTIFICATION OF COMPLETING 24 HOURS OF BASIC CLASSROOM INSTRUCTION

(This form must be completed for all armed and unarmed security guard applicants.)

TO BE COMPLETED BY APPLICANT:

Name of Applicant: _____

Social Security Number: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

TO BE COMPLETED BY INSTRUCTOR OF 24 HOURS OF BASIC CLASSROOM INSTRUCTION:

I certify that the above named applicant has successfully completed at least 24 hours of basic classroom instruction consistent with Sections R156-63a-602 and 603 of the Security Personnel Licensing Act Rules. In addition, I certify that the above named applicant achieved at least a minimum score of 80% on the basic education and training final exam in accordance with R156-63a-302c.

Name of Company/Individual Administering Training: *(Please Print)* _____

ID Number: _____ Phone Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Basic Training Score on Final Exam: Unarmed _____ Armed _____

Training Hours Completed:

Hours	Subject	Hours	Subject	Hours	Subject
	Nature & Role of Private Security		State Laws and Rules		Use of Force
	Ethics		Situational Response		Unlawful Harassment
	Report Writing		Patrol Techniques		TOTAL HOURS <i>(24 hours required)</i>
	Police & Community Relations		Legal Responsibilities		

Date Applicant Completed the Program: ___/___/___

Name of Program Trainer: *(Please Print)* _____

Signature of Program Trainer: _____ Date of Signature: ___/___/___

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CERTIFICATION OF COMPLETION OF FIREARMS INSTRUCTION

(This form must be completed for all armed security guard applicants ONLY.)

TO BE COMPLETED BY APPLICANT:

Name of Applicant: _____

Social Security Number: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

TO BE COMPLETED BY THE INSTRUCTOR OF THE FIREARMS TRAINING:

I certify that the above named applicant has successfully completed at least 6 hours of classroom firearms instruction and at least 6 hours of firearms instruction on the range consistent with Sections R156-63a-602 and 604 of the Security Personnel Licensing Act Rules. In addition, I certify that the above named applicant achieved at least a minimum score of 80% on the practical pistol course.

Name of Company/Individual Administering Training *(Please Print)*: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Program ID Number: _____

Date Above Named Applicant Completed the Program: ___/___/___

Score on Practical Pistol Course: _____

Name of Program Trainer: *(Please Print)* _____

Signature of Program Trainer: _____

Date of Signature: ___/___/___

SECURITY PERSONEL APPLICATION APPLICATION CHECKLIST

(This checklist is for your convenience—do not 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 subclassified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required for a full and complete application:

1. Submit a **\$100.00** non-refundable application-processing fee, made payable to “DOPL”. The fee is comprised of a \$60.00 application fee, a \$20.00 surcharge for a BCI fingerprint file search and a \$20.00 surcharge for a FBI fingerprint file search.
2. Submit fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI).
 - Electronic fingerprinting is offered to DOPL applicants, with no additional charge, at the DOPL office between 8:00 am and 4:30 pm, Mon-Friday, except holidays. A current government issued picture ID is required (driver’s license, state ID, passport, etc.).
 - If you are unable to obtain fingerprints at DOPL’s office, fingerprint services are available from most local law enforcement agencies. You are required to submit two (2) blue “Applicant” cards (Form FD-258) with your application; these cards will be provided by the agency that rolls your prints.
 - **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.
3. Submit a clear and readable copy of a valid government issued driver's license issued by Washington D.C. or a state of the United States of America or Utah identification card.
4. Submit a “Certification of Completing 24 Hours of Basic Classroom Instruction” form documenting the successful completion of at least 24 hours of basic unarmed classroom instruction consistent with Sections R156-63a-602, and 603 of the Security Personnel Licensing Act Rules
5. **ARMED OFFICERS ONLY:** Submit a “Certification of Completion of Firearms Instruction” form documenting the successful completion of at least six hours of classroom firearms instruction and at least six hours of firearms instruction on the range consistent with Sections R156-63a-602, and 604 of the Security Personnel Licensing Act rules.
6. **Interim Permit Program:** An Armed and Unarmed Private Security Officer may immediately start to work upon making application for a period of ninety (90) days if the individual’s criminal record in the state of Utah is clear at the time the individual applies for licensure and if the individual has been issued an Interim Permit Program form by DOPL.
 - To determine if the applicant’s criminal record in the state of Utah is clear at the time the individual applies for licensure, the applicant must submit with the application an official criminal history report, (*Right of Access*), from the Bureau of Criminal Identification showing "No Criminal Record Found."
 - **NOTE:** If the applicant applies for licensure and has any **criminal history record** or has marked “**Yes**” to any question on the Qualifying Questionnaire, an Interim Permit letter will not be issued. The application will be processed in the normal manner and if the application is approved, a temporary license will be issued.

Submit the above items, as well as any supporting documentation, to:

By U.S. Mail
Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail
Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers: (801) 530-6628
(866) 275-3675 – Toll-free in Utah
Fax Number: (801) 530-6511