

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

**REPLACEMENT OF QUALIFYING AGENT
BURGLAR ALARM COMPANY**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a) (13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

1. Submit the original letters from DOPL's approved examination provider verifying that the qualifying agent has passed the Utah examinations for (1) Burglar Alarm Company Qualifier and (2) Burglar Alarm Security Law and Rules. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date, the approved provider is PSI.
2. Submit fingerprints for the qualifying agent. The fingerprints are 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). "See fingerprint information under **Additional Important Information.**"

3. Submit the “Verification of Qualifying Experience” form (attached to this application). This form is to be filled out by each of your employers and submitted with your application. All experience must be obtained legally within the past ten (10) years as a W2 employee and working as an alarm company agent for an alarm company (W2 documentation required). No more than 2,000 hours of work experience can be claimed in a year. Alarm work experience must total 6,000 hours and 2,000 of these hours are to be in a managerial, supervisory, or an administrative position. Also, other acceptable work experience includes 6,000 hours of alarm work experience combined with 2,000 hours (8,000 hours total) of managerial, supervisory, or administrative experience in a lawfully operated construction company.
4. Submit a copy a driver’s license issued by Washington D.C., a state of the United States of America or an identification card issued by the state of Utah for the qualifying agent. **Note:** The copy of the driver’s license/Utah ID, including the number, must be clear and readable.
5. Submit a **\$50.00** non-refundable application-processing fee for the replacement of the qualifying agent, made payable to “DOPL.”
6. Submit a combined **\$40.00** non-refundable surcharge for a \$20.00 BCI fingerprint file search and a \$20.00 FBI fingerprint file search for the qualifying agent.

NOTE: If the qualifying agent is currently licensed in Utah as an alarm company agent and the license is in good standing, the requirements in the above paragraph may be unnecessary. The license information, however, must be included in the application on the appropriate page.

ADDITIONAL IMPORTANT INFORMATION:

1. **Examinations:** There are no endorsement or reciprocity agreements with other states. All applicants are required to test. The applicant must pass both the Utah Burglar Alarm Company Qualifier Examination and the Utah Burglar Alarm Security Law and Rules Examination. There is a thirty day waiting period between the first three test failures. After these three test failures, the waiting time between each test failure is six months. Applicants in order to register for the examinations must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267.
2. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
3. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - Division of Occupational & Professional Licensing Act
 - General Rules of the Division of Occupational & Professional Licensing
 - Burglar Alarm Security and Licensing Act
 - Burglar Alarm Security and Licensing Act Rules

4. **Fingerprint Information:** Fingerprints are required for the qualifying agent and the qualifying agent is required to undergo a criminal background check and fingerprint search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI).

Only an initial license will be issued. *Fingerprint cards that are not complete and/or properly rolled will be rejected, delaying the licensure process.* **Due to the high number of inked fingerprint cards that are rejected and the amount of time it takes state and federal government agencies to process these cards, applicants are encouraged at the time of application to have their fingerprints electronically scanned at DOPL.**

To expedite the licensure process, you can obtain electronic fingerprinting at DOPL's offices (160 E. 300 S., Salt Lake City), 8:00 a.m. to 5:00 p.m., Monday through Friday, except holidays. The cost for having fingerprints electronically scanned by DOPL is covered in the \$40 non-refundable surcharge fee as outlined on page 2, paragraph 6. Applicants that arrive late in the day without leaving sufficient time to be processed will be turned away. A current government issued picture identification of one of the following is required: a driver's license issued by Washington D.C., a state of the United States of America or an identification card issued by the state of Utah.

OR

If you are unable to obtain electronic fingerprints at DOPL's office, you must include two (2) blue fingerprint cards (*Form FD-258*) with your application. **To have your fingerprints rolled onto the blue fingerprint cards, you must go to BCI or a local police station.** Fingerprint cards can be obtained from the agency that rolled your fingerprints.

BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:

- Check with BCI for pricing of their services
- Walk-ins only; no appointments taken
- Fingerprinting and Photo Services are available from 8:00 a.m. – 5:00 p.m., Monday - Friday except holidays
- Government-issued picture ID required (*driver's license, state ID, passport, etc.*)
- Website: www.bci.utah.gov
- Phone: (801) 965-4569
- Address: 3888 W. 5400 S., Taylorsville, UT 84118
(1/2 block west of Bangerter Highway, behind McDonalds)

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.

5. **Application Processing:** Processing time for an application, where the fingerprints have been electronically scanned by DOPL and there are no issues that need to be resolved, is approximately two weeks. An applicant can “not” begin working in the Burglar Alarm business until the proper license(s) has been issued by DOPL.
6. **Registration with the Utah Division of Corporations and Commercial Code:** A business entity is required to be registered with the Utah Division of Corporations. A sole proprietorship is not required to register with the Utah Division of Corporations and the license for a sole proprietorship is issued in the individual’s name.

Be advised, a new license is required if the business entity is dissolved by merging into a new partnership, corporation, or other business entity. Pursuant to Subsection 58-1-308(2) (c), a license automatically expires prior to the expiration date shown on the license...upon the dissolution of a licensee that is a partnership, corporation, or other business entity.

7. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
8. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
9. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office – but not over the telephone.

10. **Submit Completed Application to:**

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 1 st Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

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

APPLICATION FOR Replacement of Qualifier for a Burglar Alarm Company

Name on License of Alarm Company:	
License Number:	
Name of Qualifying Agent Being Replaced:	
License Number of Qualifying Agent Being Replaced:	
Company Mailing Address:	
City:	State:
Phone #:	E-Mail:

CONTACT PERSON FOR LICENSING PURPOSES:		
Full Name:	Title:	
Mailing Address:		
City:	State:	Zip:
Phone #:	E-Mail:	

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ___/___/___

Approved By: _____

Date License/Certificate Denied: ___/___/___

Denied By: _____

Reason for Denial/Other Comments: _____

QUALIFYING AGENT:

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

Last Name: _____ First Name: _____ Middle Name: _____

Social Security Number: - - - - - Maiden Name: _____

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. Please 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 and 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. Please 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: _____

Male Female Date of Birth: _____ Phone #: _____ E-Mail: _____

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

Relationship of Qualifying Agent to Burglar Alarm Company: (Check all that apply.)

- Officer Director Partner
- Proprietor Manager

W2 Documentation Attached: Yes No

Examination Requirement:

- Utah Burglar Alarm Company Qualifier Examination, Date(s) Passed: ____/____/____ Score: _____
- Utah Burglar Alarm Security Law and Rules Exam, Date(s) Passed: ____/____/____ Score: _____

AFFIDAVIT and RELEASE AUTHORIZATION

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 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.
3. I authorize all persons, institutions, organizations, 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.
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.

Signature of Applicant: _____ Date of Signature: ___ / ___ / _____

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BURGLAR ALARM COMPANY QUALIFYING AGENT

QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

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?
2. _____ Have you ever been denied the right to sit for a licensure examination?
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?
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?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If you are licensed in the occupation/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?
8. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
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?
10. _____ Have you ever been terminated from a position because of drug use or abuse?
11. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) 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?

(Continued next page.)

12. _____ Have you ever used any drugs 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, 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?
13. _____ Do you currently have any criminal action pending?
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.
15. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
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.e. plea in abeyance or deferred sentence*)?
17. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 13, 14, 15, 16, or 17 above, 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).

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.

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.



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.

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.

VERIFICATION OF QUALIFYING EXPERIENCE

PART 1 - TO BE COMPLETED BY THE APPLICANT:

Last Name: _____ Maiden Name: _____

First Name: _____ Full Middle Name: _____

Qualifying Agent Requirements: *W2 documentation is required to verify work experience and is to be submitted with the application.* All experience must be obtained legally within the past ten (10) years as a W2 employee and working as an alarm company agent for an alarm company. No credit will be given for work experience obtained illegally. No more than 2,000 hours of work experience can be claimed in a year. Additionally, alarm work experience must total 6,000 hours and 2,000 of these hours are to be in a managerial, supervisory, or administrative position. Also, other acceptable work experience includes 6,000 hours of alarm work experience combined with 2,000 hours (8,000 hours total) of managerial, supervisory, or administrative experience in a lawfully operated construction company. (Burglar Alarm Licensing Rule R156-55d-102 and 302c.)

An affidavit must be filled out for each employer.

Dates Employed: from ___/___/___ to ___/___/___

Note: If the work experience is less than full time, calculate the number of months equivalent to full time employment at a rate of 40 hours per week.

Total Work Hours Worked: _____

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number(s): _____

E-mail Address: _____

Describe type of work performed: _____
