

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

**APPLICATION FOR LICENSURE**

**ARMORED CAR 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:** The qualifying agent's 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:**

**In addition to submitting a completed application, complete the following:**

1. Submit the original letter from PSI documenting that the qualifying agent has passed the Utah Armored Car Qualifying Agent Examination.
2. Submit two (2) blue applicant fingerprint cards (*Form FD-258*) for the qualifying agent and each officer, director, partner, proprietor, and responsible management personnel employed within the state or having direct responsibility for managing operations of the applicant within the state and shareholders owning 5% or more of the equity of the company, unless the company is publicly listed and traded, 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 Investigation (FBI).

**OR**

Bring your completed application to DOPL's offices (*160 E. 300 S., Main Lobby, Salt Lake City*) to use DOPL's Identix equipment to complete the electronic fingerprinting requirement for each person identified above.

3. Submit a copy of the driver's license or Utah identification card clearly indicating the driver's license number or Utah ID number for the qualifying agent and each officer, director, shareholder owning more than 5% of the stock, partner, proprietor, and responsible management personnel.
4. Submit a resume describing in detail the qualifying agent's 6,000 hours of qualifying experience as a manager, supervisor, or administrator of an armored car, contract security company or as a supervisor of a federal, state, county, or local law enforcement agency. Include information naming the armored car company(s) the qualifying agent worked for and the positions the qualifying agent held with each armored car company or law enforcement agency. Describe in detail the supervisory or administrative responsibilities held in each position.
5. Submit a current "Certificate of Insurance" demonstrating liability insurance for the following exposures: **General Liability, Assault and Battery, Personal Injury, Libel and Slander, Broad form property damage, Damage to property in the care, custody or control of the armored car company, and errors and omissions.** Coverage issued by the company's insurance carrier must contain monetary limits in amounts not less than \$500,000 for each incident and not less than \$2,000,000 total aggregate for each annual term.

**NOTE: It is the responsibility of the applicant to ensure that the applicant's insurance coverage remains current and to update DOPL each time the applicant's insurance coverage is renewed.**

6. Submit documentation of workers' compensation insurance that covers employees in accordance with applicable Utah law.
7. Submit documentation of registration with the Utah Division of Corporations and Commercial Code.
8. Submit documentation of registration with the Utah Division of Workforce Information and Payment Services, Utah State Tax Commission, and Internal Revenue Service.
9. Submit a "Request for Verification of Qualifying Experience" form (*attached to this application*) documenting the qualifying agent's qualifying experience consisting of 6,000 hours of experience as a manager, supervisor, or administrator of an armored car, contract security company or of supervisory experience with a federal, United States military, state, county, or municipal law enforcement agency.
10. Submit a "Request for Verification of License" form (*attached to this application*) from each and every state in which the applicant has ever been licensed as an armored car company.
11. Submit a **\$330.00** non-refundable application-processing fee for an armored car company license, made payable to "DOPL."
12. Submit a **\$20.00** non-refundable surcharge for a BCI fingerprint file search for the qualifying agent and each officer, director, shareholder owning more than 5% of the stock, partner, proprietor, and responsible management personnel.

13. Submit a **\$20.00** non-refundable surcharge for an FBI fingerprint file search for the qualifying agent and each officer, director, shareholder owning more than 5% of the stock, partner, proprietor, and responsible management personnel.

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Law and Rules Exam:** The applicant's qualifying agent must pass the Utah Armored Car Qualifying Agents Examination. Contact PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for the examination.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- Division of Occupational & Professional Licensing Act
- General Rules of the Division of Occupational & Professional Licensing
- Security Personnel Licensing Act
- Security Personnel Licensing Act Rules for Armored Car

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
3. **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.
4. **License Renewal:** All security licenses expire November 30 of even-numbered years.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

5. **Fingerprint Information:** All applicants are 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). **Fingerprint cards that are not complete and/or properly rolled will be rejected, delaying the licensure process.**

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 4:00 p.m., Monday through Friday, except holidays. Currently, there is no fee to roll electronic fingerprints for DOPL licensure applicants. A current government issued picture ID is required.

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. Fingerprint cards are supplied with the application if obtained from DOPL. If you downloaded the application from the

Internet, you may obtain fingerprint cards from DOPL, the Bureau of Criminal Identification (BCI), or your local police station. **To have your fingerprints rolled onto the blue fingerprint cards, you must go to BCI or a local police station.**

**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](http://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.

6. **Application Processing:** DOPL requires approximately two weeks to process a complete application for licensure. In addition, an FBI file search takes approximately 12 weeks. An applicant may not begin working as an Armored Car Company until the application has been approved.
7. **Registration with the Utah Division of Corporations and Commercial Code:** Pursuant to Subsection 58-1-308(2)(a) a license automatically expires prior to the expiration date shown upon the license...upon the dissolution of a licensee that is a partnership, corporation, or other business entity. If a partnership, corporation, or other business entity is dissolved by merging into a new partnership, corporation, or other business entity the surviving partnership, corporation, or other business entity must apply for new licensure.
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](http://www.dopl.utah.gov).
9. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
10. **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.
11. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741

**By Delivery or Express Mail**

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

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

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# APPLICATION FOR LICENSURE

The business legal name is the name that will appear on the license. This is normally the name registered with the Utah Division of Corporations. If there is a fictitious business name (*doing business as*), list that name also, e.g., XYZ Corporation dba XYZ Armored Car Company. If the applicant is not required to be registered with the Division of Corporations, it is the name of the armored car company or facility where the licensed activity is to be conducted.

## GENERAL INFORMATION:

APPLICATION FOR: ARMORED CAR COMPANY

BUSINESS LEGAL NAME: \_\_\_\_\_

FEDERAL TAX ID NUMBER: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### ***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: \_\_\_\_\_

**CONTACT PERSON FOR LICENSING PURPOSES:**

Full Name and Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**QUALIFYING AGENT:**

Full Name and Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship of Qualifying Agent to Armored Car Company: *(Check all that apply.)*

- Officer
- Director
- Partner
- Proprietor
- Manager

**EXAMINATION REQUIREMENT:**

Answer “yes” or “no.”

\_\_\_\_\_ The Utah Armored Car Qualifying Agents Exam, Date(s) Taken: \_\_\_/\_\_\_/\_\_\_

**AFFIDAVIT FOR UTAH LAWS AND RULES:**

I hereby certify that all officers, directors, shareholders, partners, proprietors, and responsible management personnel of the applicant understand that it is their individual responsibility to read and understand all statutes and rules pertaining to the applicant’s practice as an Armored Car Company in Utah, and each agree to comply with such.

Signature of Qualifying Agent or Other Responsible Party: \_\_\_\_\_

**IDENTIFYING INFORMATION FOR BUSINESS ENTITY:**

Supply the identifying information below for all corporate officers, directors, registered agents, and shareholders of a corporation (*not required if publicly traded*); all partners of a partnership; the sole proprietor of a sole proprietorship; all persons who have an ownership or management responsibility for a limited liability company or other type of business form. Ownership must total 100%. Use additional sheets if necessary.

**Full Name:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Full Name:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Full Name:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*(Continued on the next page.)*

**PUBLIC LIABILITY INSURANCE:**

Name of Carrier: \_\_\_\_\_

Named of Insured on the Certificate: \_\_\_\_\_

Address of Insured on the Certificate: \_\_\_\_\_

Amount of Coverage: Each Incident: \_\_\_\_\_ Total: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**UTAH DEPARTMENT OF WORKFORCE SERVICES – UNEMPLOYMENT INSURANCE:**

Name Under Which the Applicant is Registered: \_\_\_\_\_

Department of Employment Security Registration Number: \_\_\_\_\_

**WORKERS' COMPENSATION INSURANCE:**

Name of Carrier: \_\_\_\_\_

Named of Insured on the Certificate: \_\_\_\_\_

Address of Insured on the Certificate: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**UTAH STATE TAX COMMISSION:**

Name Under Which the Applicant is Registered: \_\_\_\_\_

Employer Payroll Tax Withholding Identification Number: \_\_\_\_\_

**INTERNAL REVENUE SERVICE (IRS):**

Name Under Which the Applicant is Registered: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

*(Continued on the next page.)*

**AFFIDAVIT CLAIMING NO EMPLOYEES:**

Applicant's Business Legal Name: \_\_\_\_\_

I declare under penalty of perjury as follows:

I am authorized to sign this Affidavit on behalf of the above named applicant. The applicant does not at the present time hire employees and does not intend to do so within the foreseeable future. If the applicant later wishes to begin hiring employees, the applicant will first register with each of the payroll tax authorities as listed above and obtain workers' compensation insurance and provide evidence of each registration and a certificate of workers' compensation insurance to DOPL. The applicant is being granted an exemption to the requirements of Utah Code Ann. Section 58-63(1)(j) based upon this affidavit and agreement. The applicant's failure to fulfill the above requirements will be considered unprofessional conduct and may be the basis for disciplinary action which could include a warning, reprimand, probation, suspension, or revocation of the applicant's Armored Car Company license. This affidavit is considered a public document and may be released to any party including payroll tax authorities.

Signature of Applicant or Applicant's Representative: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

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# ARMORED CAR COMPANY QUALIFYING QUESTIONNAIRE

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

1. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel 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. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever had any license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been permitted to resign or surrender any license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against him/her by any profession licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Is any officer, director, shareholder, partner, proprietor, or responsible management personnel currently under investigation or is any disciplinary action pending against him/her now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action pending against any officer, director, shareholder, partner, proprietor, or responsible management personnel 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 any officer, director, shareholder, partner, proprietor, or responsible management personnel pose a direct threat to himself/herself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?

*(Continued on the next page.)*

10. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been terminated from a position because of drug use or abuse?
11. \_\_\_\_\_ Is any officer, director, shareholder, partner, proprietor, or responsible management personnel currently using or has any 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?
12. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel 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 he/she has not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which he/she has not otherwise been successfully rehabilitated?
13. \_\_\_\_\_ Does any officer, director, shareholder, partner, proprietor, or responsible management personnel currently have any criminal action pending?
14. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel 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. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel, in the past ten (10) years, been allowed to plea guilty, no contest to, entered into a plea in abeyance or deferred sentence to any criminal charge?
17. \_\_\_\_\_ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel 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).**

*(Continued on the next page.)*

**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.**

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**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, the Division may request additional documentation if the information submitted is insufficient.**

Note: “Responsible management personnel” includes all personnel employed within Utah or having direct responsibility for managing operations of the armored car company.

“Shareholder” includes all shareholders owning 5% or more of the equity of the corporation, except if the stock is publicly listed and traded.

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# AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

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.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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## REQUEST FOR VERIFICATION OF QUALIFYING EXPERIENCE

**PART I - TO BE COMPLETED BY THE APPLICANT:** Complete Part I and submit a copy of the entire document to each Armored Car or Contract Security Company or Law Enforcement Agency where you received qualifying experience.

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Armored Car or Contract Security Company / Law Enforcement Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of hours as manager, supervisor, or administrator: \_\_\_\_\_

2. Armored Car or Contract Security Company / Law Enforcement Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of hours as manager, supervisor, or administrator: \_\_\_\_\_

3. Armored Car or Contract Security Company / Law Enforcement Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of hours as manager, supervisor, or administrator: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Continued on the next page.)*

**PART II - TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE ARMORED CAR, CONTRACT SECURITY COMPANY or LAW ENFORCEMENT AGENCY:**

Please review Part I of this form and furnish the information requested below. Sign the document, place the completed form in a sealed envelope, and return it to the applicant.

Armored Car Company / Law Enforcement Agency: \_\_\_\_\_

Answer "yes" or "no."

\_\_\_\_\_ Do you agree with the information listed on the reverse side of this page from the applicant?

\_\_\_\_\_ Would you re-hire the applicant?

\_\_\_\_\_ Would you recommend that this applicant be approved as a Qualifying Agent?

If "No," please indicate reason(s): \_\_\_\_\_

What position did the applicant have with your company? *(Please check all that apply.)*

Officer       Partner       Manager

Director       Proprietor       Other, specify: \_\_\_\_\_

What was the reason for the applicant leaving your companies employment? \_\_\_\_\_

**GENERAL WORK HISTORY:**

Outstanding       Exceeded Requirements       Met Requirements

Needed Improvement       Unsatisfactory

**I have reviewed ALL the information on this document and attest that to the best of my knowledge the information concerning the armored car company / law enforcement agency I represent is accurate and truthful.**

Armored Car Company / Law Enforcement Agency Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

License Number *(if applicable)*: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Armored Car Company / Law Enforcement Agency Representative Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Utah Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: (801) 530-6511

## REQUEST FOR VERIFICATION OF LICENSE

*(Use this form to verify licensure from another state, if applicable.)*

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to a state in which you are **currently** licensed as an armored car or contract security company. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a \_\_\_\_\_

I am/have been licensed in your state under the name \_\_\_\_\_

My social security number is \_\_\_\_\_

My date of birth is \_\_\_/\_\_\_/\_\_\_

My license number in your state is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

*(Continued on the next page.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and mail or fax it directly to DOPL or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (*as it appears in verifying state's records*): \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Continuously Licensed:

Yes     No, please explain: \_\_\_\_\_

Licensed By:

Exam, Type: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Endorsement: from what state? \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required for Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

No     Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

(SEAL)