

State of Utah  
Department of Commerce  
Division of Occupational and Professional Licensing

- Unarmed Private Security Officer
- Armed Private Security Officer
- Armored Car Security Officer

**APPLICANT INFORMATION**

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

**Drivers License  
or State ID Card:**

\_\_\_\_\_  
*State of Issue License Number Expiration Date*

**NOTE:** If you do not hold a US Drivers License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

**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 Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## 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.

## AFFIDAVIT

**In accordance with Utah Code Ann. § 78B-5-705, I declare under criminal penalty of the State of Utah that the foregoing is true and correct.**

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

Printed Name: \_\_\_\_\_

*Knowingly making a false written statement as provided under Utah Code Ann. §78B-5-705 is a class B misdemeanor.*

## Criminal History Disclosure Statement

**THIS SECTION MUST BE COMPLETED IF YOU ANSWERED YES TO ANY OF THE QUALIFYING QUESTIONS.**

**ATTACHED RECORDS:**  Police Report       Court Record  
 Probation Report       Personal Narrative

**These records MUST be attached in order for your application to be considered complete.** If you are unable to obtain any of the records required, you must submit documentation on official letterhead from the police department and/or court indicating that the information is not available.

**In accordance with Utah Code Ann. § 78B-5-705, I declare under criminal penalty of the State of Utah that the foregoing is true and correct. I further certify that I have disclosed all non-juvenile arrests, charges, pleas, or convictions; even if they were dismissed, plead down, sealed, expunged, or set aside.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name:** \_\_\_\_\_  
*Knowingly making a false written statement as provided under Utah Code Ann. §78B-5-705 is a class B misdemeanor.*

## Optional Interim Permit Information

I would like to be issued an interim permit and I have provided a current criminal history report, "Right of Access", from the Bureau of Criminal Identification showing "No Criminal Record Found" with this application.

A Security Officer **may** qualify for an interim permit, which is usually issued within two business days and is valid for a period of ninety (90) days if the individual's **criminal record is clear** at the time the individual applies for licensure. There is no additional charge for an interim permit. Interim Permits will be emailed to the email address listed on the first page of this application. Applications submitted without an email will have their interim permit physically mailed to the address listed. You must have your interim permit and a valid government issued photo identification on your person while working in a capacity that requires licensure.

**NOTE: If you have marked "Yes" to any question on the Qualifying Questionnaire, an Interim Permit will not be issued. The application will be processed in the normal manner.**

**Certification of Initial Basic Education**

**MUST BE FILLED OUT BY INSTRUCTOR**

DOPL Approved Basic Education Training Program Name: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

Name of Student/Applicant: \_\_\_\_\_

Total Course Hours: \_\_\_\_\_ Exam Score% \_\_\_\_\_ Date Course Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**In accordance with Utah Code Ann. § 78B-5-705, I declare under criminal penalty of the State of Utah that the foregoing is true and correct.**

**I further certify that the above named student/applicant has successfully completed a basic education training program approved by the Division, as set forth in R156-63a-603 and R156-63b-603. In addition to this, I certify that I am an authorized trainer on file with the Division.**

**Signature of Instructor:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Knowingly making a false written statement as provided under Utah Code Ann. § 78B-5-705 is a class B misdemeanor.*

**Certification of Initial Firearm Education**

**MUST BE FILLED OUT BY INSTRUCTOR - FOR ARMED and ARMORED CAR APPLICANTS ONLY**

DOPL Approved Firearm Training Program Name: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

Name of Student/Applicant: \_\_\_\_\_

Total Course Hours: \_\_\_\_\_ Exam Score% \_\_\_\_\_ Date Course Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**In accordance with Utah Code Ann. § 78B-5-705, I declare under criminal penalty of the State of Utah that the foregoing is true and correct.**

**I further certify that the above named student/applicant has successfully completed a basic education training program approved by the Division, as set forth in R156-63a-604 and R156-63b-604. In addition to this, I certify that I am an authorized firearm trainer on file with the Division.**

**Signature of Instructor:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Knowingly making a false written statement as provided under Utah Code Ann. § 78B-5-705 is a class B misdemeanor.*

## 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:

- \$95.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".
- Original "Right of Access" Criminal History Report showing "No Criminal Record" **if requesting an Interim Permit.**
- 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).
  - **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