

- Contract Security Company
- Armored Car Company

APPLICANT INFORMATION

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

Utah Division of Corporation
Registration Number: _____ IRS Employee ID
Number (EIN): _____

DBA (if applicable): _____ DBA Registration
Number: _____

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

_____ City _____ State _____ ZIP Code _____

You will receive all Division notices and communications at the following email.

Email: _____
Email Address is Required.

Company Phone: _____

Local Contact for Licensing Purposes: _____

Alternate Phone for Local Contact: _____

I understand that in all areas of this application the words “you”, “I” and “applicant” apply to the entity listed above and all subsidiaries, owners, qualifiers, and prior entities and DBA’s for which these individuals have been involved.

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 Authorized Signer: _____ Date: _____

Printed Name and Position of the Authorized Signer: _____

GENERAL BUSINESS INFORMATION

Section 1: Please select entity type:

- Business Trust
- Corporation
- General Partnership
- Limited Liability Company
- Limited Partnership
- Limited Liability Partnership

- Sole Proprietorship
*If registered as sole proprietorship,
complete Section 2 below.*

Section 2: To be completed by Sole Proprietorship applicants only.

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

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

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: _____

Driver License

or State Id Card: _____
State of Issue License Number Expiration Date

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

PROFESSIONAL LICENSES

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: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

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1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
-
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
-
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a misdemeanor** in any jurisdiction?
-
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a felony** in any jurisdiction?
-

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 2,3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(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.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.

PAYROLL & INSURANCE

The applicant **HAS EMPLOYEES or OWNER-WORKERS** and appropriate workers compensation insurance is in force and will be maintained.

YOU MUST PROVIDE THE FOLLOWING:

- 1. A copy of your **workers compensation certificate**
AND

The following information:

- Department of Workforce Services Unemployment Insurance Registration Number: _____
- State Tax Commission Withholding Tax Account Number: _____
- Federal (IRS) Employee Identification Number (EIN): _____

OR

- 2. A copy of your signed contract with a registered professional employment organization (PEO).

The applicant does **NOT HAVE EMPLOYEES** and does not intend to hire employees within the foreseeable future.

GENERAL LIABILITY INSURANCE

All licensees MUST have a General Liability Insurance. The minimum required coverage is at least an annual \$1,000,000 limit, at least an annual \$2,000,000 aggregate limit, and contains the following riders: general liability, assault and battery, personal injury, false arrest, libel and slander, invasion of privacy, broad form property damage, damage to the property in the care, custody, or control of the security service provider, and errors and omissions.

DO NOT INCLUDE YOUR INSURANCE CERTIFICATE WITH THIS APPLICATION. PLEASE RETAIN IT IN YOUR OWN RECORDS. DOPL MAY REQUEST A COPY OF THE INSURANCE CERTIFICATE AT ANY TIME.

CERTIFICATION

I certify that the licensee has general liability insurance, as required by Utah law and rules, that covers all scope of work of the licensee, and shall be in effect for the entire duration of active licensure.

I certify that I will maintain a copy of all general liability insurance certificates at all times of active licensure, that includes the name and address of the insurance company, name and address of the insured, policy number, expiration date, and policy limits.

I certify that if the licensee has employees or owner-workers holding less than 8% ownership that the licensee will maintain workers compensation insurance as required by Utah law and rules and will maintain a copy of the documents and information listed above at all times during active licensure.

I certify that I understand that DOPL may request these records and information at any time to determine compliance.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signature of Authorized Signer: _____ Date _____
Knowingly making a false statement as provided under Utah Code Ann. §76-8-503 is a class B misdemeanor.

Printed Name and Position of Authorized Signer: _____

OWNERSHIP LISTING

Please complete the following information for all officers, directors, shareholders owning more than 5% of the stock of the company, partners, proprietors and responsible management personnel. Please make additional copies as needed.

Full Legal Name: _____
First Middle Last

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

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

City State ZIP Code

Is this individual a Licensed Security Officer? Yes No If yes, license number: _____

Full Legal Name: _____
First Middle Last

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

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

City State ZIP Code

Is this individual a Licensed Security Officer? Yes No If yes, license number: _____

Full Legal Name: _____
First Middle Last

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

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

City State ZIP Code

Is this individual a Licensed Security Officer? Yes No If yes, license number: _____

Full Legal Name: _____
First Middle Last

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

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

City State ZIP Code

Is this individual a Licensed Security Officer? Yes No If yes, license number: _____

All individuals listed must submit two (2) Fingerprint Cards and a \$30.00 fingerprint processing fee to complete a BCI and FBI background check, see the "Checklist and Instructions" at the end of this application for more information. However, if the individual holds a current Utah Security Officer License, fingerprints are not required.

QUALIFIER INFORMATION

If you have more than one qualifier, you must complete this section for each individual.
Please make additional copies as needed.

To be completed by the applicant:

Qualifier's Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

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

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

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

City State ZIP Code

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: _____

**Driver License
or State Id Card:** _____

State of Issue License Number Expiration Date

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

Do you hold an active UT Security Officer License? Yes No If yes, license number: _____

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

QUALIFIER DECLARATION

1. Yes No Are you a resident of the state?
2. Yes No Are you a corporate officer or owner of the applicant?
3. Yes No Do you exercise material day-to-day authority in the conduct of the applicant's business by making substantive? Technical, and administrative decisions?
4. Yes No Your primary employment is with the applicant?
5. Yes No Are you not concurrently acting as a qualifying agent or employee of another armored car or contract security company?
6. Yes No Are you engaged in any other employment on a regular basis?
7. Yes No Are you involved in any activity that would conflict with the qualifying agent's duties and responsibilities?
8. Yes No Are you an employee of a government agency?

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 of Qualifier: _____ Date: _____
Knowingly making a false written statement as provided under Utah Code Ann. §78B-5-705 is a class B misdemeanor.

QUALIFIER EXAMINATION

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.

Please see the Exam section of our website, at www.dopl.utah.gov/sec/ for complete information.

Do not submit this application until your Qualifier has passed all required exams.

QUALIFIER EXPERIENCE

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

- Current resume.
- W2 Documentation of at least 6,000 hours of paid qualifying experience.

Please select one:

- Previously approved qualifier for a Utah licensed company 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.

QUALIFIER EXPERIENCE SUPERVISOR DECLARATION

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 Where Experience was Earned: _____

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: _____

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 applicant is qualified and competent to practice as a Contract Security Company or Armored Car Company Qualifier.

Signature of Supervisor: _____ **Date:** _____

CRIMINAL HISTORY DISCLOSURE STATEMENT

**Each Qualifier and individual listed on the Ownership Listing,
must complete one of these forms.**

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement> . Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see the checklist at the end of this application.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

Signature: _____

Date: _____

Printed Name: _____

- Owner
 Qualifier

Company Name: _____

Company Address: _____

Submit a completed form, along with 2 completed blue fingerprint cards (Form FD-258), for **the Qualifier and for each person listed on the Ownership Listing**. You will also need to submit the **\$30 Fingerprint Fee for each individual**. Make the check payable to DOPL. Fingerprint services are also 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.

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

- \$330.00 non-refundable application-processing fee.
- Supporting documentation for any “yes” answers provided on the “Qualifying Questionnaire”. See page 3 of the application for more information.
- General Liability Insurance with a minimum required coverage of:
 - Armored Car Company: \$500,000 for each incident and \$2,000,000 in total.
 - Contract Security Company: \$300,000 for each incident and \$1,000,000 in total.
- Proof of Workers Compensation Insurance (*if applicable*).
- Copy of signed PEO contract (*if applicable*).
- Supporting documentation as outlined in the Qualifier Education and Examination sections.
- 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) for all individuals listed on the Ownership Listing and for the 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 CRIMINAL RECORD:** If you wish to review or 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. Please see their website at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required “Record Challenge Form”, available at <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of Utah Code § 63G-4-301 and Utah Admin. Code R151-4-902.
- \$30.00 fingerprint processing fee for *each* individual that is required to be fingerprinted.

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