



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Qualifier for a Burglar Alarm Company

APPLICANT INFORMATION

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

Utah Division of Corporation
Registration (entity) 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 _____

Email (required): _____
Note: All Division notices and communication will be sent to this email

Company Phone: _____

Local Contact for Licensing Purposes: _____

Alternate Phone for Local Contact: _____

UT Burglar Alarm License Number: _____

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 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: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

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

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 or administrative action pending or active**?
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](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any jurisdiction 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: _____

QUALIFIER ACTION REQUESTED

This application is for:

- Additional Qualifier
- Qualifier Replacement. Please remove _____ who no longer acts as a qualifier for this company.

Note: If you are adding more than one qualifier, you must complete a separate application for each individual. Please make addition copies as needed.

QUALIFIER EXPERIENCE AND EXAMINATION

To be completed by the applicant:

Qualifier's Full Legal Name: _____
First Middle Last

Utah Alarm Agent License: _____ Exp Date: _____

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

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

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

Each qualifier is required to pass the Utah Burglar Alarm Company Qualifier Examination and Utah Burglar Alarm Security Law and Rule Exam. 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/ba/ for complete information. Do not submit your application until you have passed all required exams.

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

- An original record of criminal history or certification of no record of criminal history for the qualifier, issued by the Bureau of Criminal Identification.
- Documentation of at least 4 years of experience in the last 10 years. Please select one:
 - Previously approved qualifier for Utah license listed above for at least 4 of the last 10 years.
 - Provide documentation of 6,000 hours paid employment experience in the alarm company business and 2,000 hours as a manager or administrator in the alarm company business or construction trade below **AND** W-2's from the company below OR tax returns showing ownership distribution from the company covering the time listed below.

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 Alarm Company: _____

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 If "no", please explain: _____

I do hereby certify that the information provided above is true and accurate. I further certify that the applicant is qualified and competent to practice as an Alarm Company Qualifier.

Signature of Supervisor: _____ Date: _____

CRIMINAL HISTORY DISCLOSURE STATEMENT

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 below.

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

Signature: _____ **Date:** _____

Printed Name: _____

Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

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.

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

- \$50.00 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.
- Supporting documentation as outlined in the Qualifier Education and Examination section. (See page 5 of this application.)
- Fingerprints, if the new qualifier does not hold a current alarm company agent license, 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 see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints
- \$30.00 fingerprint processing fee *if* fingerprints are required.
- Copy of current driver license issued by any US State or Washington DC, or a Utah State ID card if fingerprints are required.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741