



ARKANSAS STATE POLICE ALARM SYSTEMS COMPANY RENEWAL APPLICATION

FOR OFFICE USE ONLY EFFECTIVE 1-2019 EXPIRES _____ PROCESSED BY _____
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NOTICE: Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

PURSUANT TO A.C.A § 17-40-301, IT IS UNLAWFUL TO PERFORM ANY FUNCTION REQUIRING A LICENSE, CREDENTIAL OR COMMISSION UNTIL SAID LICENSE, CREDENTIAL OR COMMISSION HAS BEEN ISSUED TO THE APPLICANT.

***** PLEASE SUBMIT A CHECK OR MONEY ORDER ONLY *****

CMPY License Number

PLEASE SELECT THE TYPE OF COMPANY LICENSE YOU ARE APPLYING FOR:

<input type="checkbox"/>	CLASS "E" – RESTRICTED ALARM SYSTEMS COMPANY <small>(LIMITED TO STRUCTURES NOT REQUIRED TO HAVE FIRE ALARM SYSTEMS BY THE AFPC)</small>	CODE: 20012 \$300.00
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<input type="checkbox"/>	LATE PENALTY	CODE: 20019 \$150.00
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<input type="checkbox"/>	CLASS "E-S" – ALARM SYSTEMS COMPANY <small>(SINGLE STATION FIRE ALARM COMPANY)</small>	CODE: 20012 \$300.00
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<input type="checkbox"/>	LATE PENALTY	CODE: 20019 \$150.00
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<input type="checkbox"/>	CLASS "E-M" – ALARM SYSTEMS COMPANY <small>(ALARM MONITORS ONLY)</small>	CODE: 20012 \$300.00
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<input type="checkbox"/>	LATE PENALTY	CODE: 20019 \$150.00
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<input type="checkbox"/>	CLASS "E" – UNRESTRICTED ALARM SYSTEMS COMPANY <small>(STRUCTURES THAT ARE REQUIRED TO HAVE FIRE ALARM SYSTEMS BY THE AFPC)</small>	CODE: 20012 \$300.00
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<input type="checkbox"/>	LATE PENALTY	CODE: 20019 \$150.00
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<input type="checkbox"/>	CLASS "G" – GENERAL LICENSE <small>(OPERATIONS INCLUDED WITHIN CLASS A, B, E-RESTRICTED AND E-UNRESTRICTED)</small>	CODE: 20016 \$600.00
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<input type="checkbox"/>	LATE PENALTY	CODE: 20019 \$300.00
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NAME OF BUSINESS/COMPANY: _____

TAX ID/FEIN NUMBER _____

BUSINESS PHYSICAL LOCATION ADDRESS:

Street/P.O. Box City County State/ZIP

BUSINESS MAILING ADDRESS:

Street/P.O. Box City County State/ZIP

BUSINESS/ COMPANY PHONE: (____) _____ CONTACT PERSON: _____

COMPANY WEBSITE ADDRESS: _____

INSURANCE REQUIRED:

- ALL CLASS "E" COMPANIES MUST HAVE PUBLIC LIABILITY INSURANCE WITH A MINIMUM LIMIT OF \$300,000. ***(PLEASE ATTACH CURRENT CERTIFICATE OF INSURANCE TO THIS APPLICATION).***
- ALL ALARM SYSTEMS COMPANIES THAT ISSUE UL (UNDERWRITER'S LABORATORIES) CERTIFICATES MUST MAINTAIN PUBLIC LIABILITY INSURANCE OF AT LEAST \$300,000. ***(PLEASE ATTACH CURRENT CERTIFICATE OF INSURANCE TO THIS APPLICATION).***
- CLASS "G" COMPANIES MUST HAVE PUBLIC LIABILITY INSURANCE NOT LESS THAN \$500,000. ***(PLEASE ATTACH CURRENT CERTIFICATE OF INSURANCE TO THIS APPLICATION).***

**THE BELOW REQUIREMENTS ONLY APPLY TO NEW MANAGERS.
NO ADDITIONAL REQUIREMENTS FOR RENEWING MANAGERS.**

IN ACCORDANCE WITH THE PROVISIONS IN A.C.A. § 17-40-314, THE BUSINESS OF EACH LICENSEE SHALL BE OPERATED UNDER THE DIRECTION AND CONTROL OF AT LEAST ONE (1) MANAGER.

***** IF RENEWING FOR A CLASS "E" UNRESTRICTED COMPANY LICENSE, THE DESIGNATED MANAGER MUST HAVE COMPLETED ALL AREAS INDICATED FROM ONE OF THE FOLLOWING ORGANIZATIONS:**

- | | |
|---|--|
| <input type="checkbox"/> NICET
(1) LEVEL III; OR
(2) LEVEL IV | <input type="checkbox"/> ESA
(1) LEVEL I
(2) LEVEL IIA- ELECTRONICS OR ABAT; AND
(3) FAIM |
| <input type="checkbox"/> NESA
(1) ELECTRONICS; AND
(2) FIRE INSTALLATION AND WIRING CODES | <input type="checkbox"/> ELITE CEU
(1) AEIT; AND
(2) FAIT |

***** IF RENEWING FOR A CLASS "E" RESTRICTED COMPANY LICENSE, THE DESIGNATED MANAGER MUST HAVE COMPLETED ALL AREAS INDICATED FROM ONE OF THE FOLLOWING ORGANIZATIONS:**

- | | |
|---|--|
| <input type="checkbox"/> NICET
(1) LEVEL II | <input type="checkbox"/> ESA
(1) LEVEL 2A ELECTRONICS OR ABAT; AND
(2) LEVEL 2B FIRE SYSTEMS INSTALLATION OR FAIM; <u>OR</u> |
| <input type="checkbox"/> NESA
(1) ELECTRONICS; AND
(2) FIRE INSTALLATION AND WIRING CODES | <input type="checkbox"/> ELITE CEU
(1) AEIT; AND
(2) FAIT |



MANAGER / OWNER RENEWAL APPLICATION

FOR OFFICE USE ONLY
EFFECTIVE 1-2019
EXPIRES _____
PROCESSED BY _____

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IN ACCORDANCE WITH THE PROVISIONS IN A.C.A. § 17-40-314, THE BUSINESS OF EACH LICENSEE SHALL BE OPERATED UNDER THE DIRECTION AND CONTROL OF AT LEAST ONE (1) MANAGER.

Please select one:

MANAGER MANAGER / OWNER
OWNER

FOR OFFICE USE ONLY:
Employee Credential Number

**PLEASE ATTACH TWO (2)
CURRENT PASSPORT STYLE
PHOTOS TO THIS
APPLICATION.
Please write applicant's name
on the back of the photograph**

NAME _____
Last First MI

COMPANY NAME _____

SS#: _____ - _____ - _____ DOB: _____

SEX: _____ RACE: _____ HGT: _____ WGT: _____ EYES: _____ HAIR: _____

APPLICANT PHYSICAL ADDRESS: _____
Street/P.O. Box City County State/ZIP

APPLICANT MAILING ADDRESS: _____
Street/P.O. Box City County State/ZIP

DRIVER'S LICENSE: _____ HOME PHONE: (_____) _____
State Number

EMAIL ADDRESS: _____ CELL PHONE: (_____) _____

PLACE OF BIRTH: _____
City County State Country

*****IF YOU ARE A NON-U.S. CITIZEN, PLEASE ATTACH CURRENT/VALID PROOF OF ELIGIBILITY TO WORK IN THE U.S.**

***** PLEASE SUBMIT A CHECK OR MONEY ORDER ONLY *****

ALL APPLICANTS MUST HAVE A BACKGROUND CHECK. APPLICATION FEE, 2-CLASSIFIABLE FINGERPRINT CARDS, AND BACKGROUND CHECK FEES **MUST BE INCLUDED** WITH THE SUBMISSION OF THIS APPLICATION.

STATE BACKGROUND CHECK FEE	FEE	\$22.00	CODE 82006
FEDERAL BACKGROUND CHECK FEE	FEE	\$11.25	CODE 80019
FEDERAL BACKGROUND/INA FEE	FEE	\$1.00	CODE 80011
FEDERAL BACKGROUND CHECK FEE	FEE	\$2.00	CODE 80006

TOTAL AMOUNT DUE \$36.25

HAVE YOU BEEN PREVIOUSLY LICENSED, CREDENTIALLED, OR COMMISSIONED?

- No**
- If yes, please provide the following information.**

Previous Employer Name: _____

Date employed: ____/____/____ Date employment ended: ____/____/____

Position Held: _____

The applicant must list all arrests, pending criminal charges, pleas of nolo contendere, pleas of guilty, or convictions for any felony, Class A misdemeanor offense involving theft, sexual offenses, violence, an element of dishonesty, or a crime against a person as determined by the department (**See Rule 2.10**). Include all those that have been sealed or expunged (**MUST PROVIDE COPY OF ORDER TO SEAL AND ORIGINAL JUDGMENT**).

Rule 2.9. Prior offenses –

The Director of the Department shall deny an application if the applicant has been found guilty or has pleaded guilty or “nolo contendere” to any criminal offense listed in A.C.A. § 17-39-202, § 17-39-206, § 17-39-304, § 17-40-306, or § 17-40-337.

(a) A prior conviction will disqualify the applicant even if the conviction has been sealed or expunged; but (b) A prior conviction will not disqualify an applicant if the applicant has received a pardon for the conviction in accordance with A.C.A. § 16-93-201, et seq. (i) To qualify for a commission, the pardon must include a provision for full restoration of firearm rights.

CHECK APPLICABLE BOX:

- NO, I DO NOT HAVE ANY RECORDS OF ARREST, PENDING CRIMINAL CHARGES, CONVICTION(S) OR PLEA(S) OF NOLO CONTENDERE OR GUILTY.
- YES, I DO HAVE RECORDS OF ARREST, PENDING CRIMINAL CHARGES, CONVICTION(S) OR PLEA(S) OF NOLO CONTENDERE OR GUILTY.

LIST ALL RECORDS OF ARREST, PENDING CRIMINAL CHARGES, CONVICTION(S) OR PLEA(S) OF NOLO CONTENDERE OR GUILTY.

Charge	Location	Date	Disposition

NOTICE: A VERIFIED STATEMENT (ANY COURT DOCUMENT, ARRESTING AGENCY REPORT OR INFORMATION FROM A PROSECUTOR’S OFFICE) REGARDING ANY CHARGE LISTED ABOVE MUST BE ATTACHED TO THIS APPLICATION.

Do you suffer from habitual drunkenness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from narcotics addiction or dependence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been dishonorably discharged from the United States Armed Forces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been adjudicated as mentally incompetent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been involuntarily committed to a mental institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been involuntarily committed to a mental health treatment facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a registered sex offender or required to register as a sex offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you on active duty military service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the spouse of an active duty service member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

VERIFICATION AND AUTHORITY TO RELEASE

TO WHOM IT MAY CONCERN

Under penalty of A.C.A. § 5-53-103, I the undersigned hereby affirm that all information contained on this application is true and correct. I understand that giving a false statement or submitting a false document will subject me to criminal prosecution, preclude future Arkansas Private Investigator, Security, Alarm Installation, and Monitoring license, commission, or credential issuance, and/or immediate revocation of any license, commission, or credential already issued by the Department.

I understand that the Arkansas State Police will conduct a thorough background investigation before rendering a final decision regarding my eligibility for a License, Commission and/or Credential and this investigation may include, but not be limited to, inquiries as to my abilities, character, reputation, criminal record, and past employment record.

To facilitate this investigation, I do, hereby, give my consent and authority for any educational institution, hospital, mental institution, including specifically the Arkansas State Hospital and Veterans Administration Hospital, medical doctor, police agencies, the Arkansas Crime Information Center, Federal Bureau of Investigation, National Crime Information Center, Interstate Information Index, credit reporting agencies, former employers, and former business associates to furnish information from their records to the Arkansas State Police. I do, hereby, give my consent and authority that any information (including sealed or expunged criminal history) and/or evidence gathered or received by the aforementioned agencies may be submitted to any court, board, or commission in open hearing or court in any judicial or administrative proceeding.

With regard to any credit reporting agencies which might be contacted by the Arkansas State Police, I understand that I may inquire as to the identification of those credit reporting agencies contacted, and the Arkansas State Police will advise me as to the identity and the nature and scope of information they furnished.

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** _____

APPLICANT RECORD NOTIFICATION

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.

Obtaining Copy: Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.