



ALARM SYSTEMS MONITOR RENEWAL APPLICATION

FOR OFFICE USE ONLY
EFFECTIVE 12-2016
EXPIRES _____
PROCESSED BY _____

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 TYPE OR PRINT LEGIBLY

NAME OF COMPANY _____ CMPY # _____

NAME _____
Last First MI

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

SS#: _____ - _____ - _____ DOB: _____
(MUST BE 18 YRS OLD)

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 AND BACKGROUND CHECK FEES MUST BE INCLUDED WITH THE SUBMISSION OF THIS APPLICATION.

ALARM SYSTEMS MONITOR (MONITORS OR RESPONDS)	FEE	\$40.00	CODE 20015
STATE BACKGROUND CHECK FEE	FEE	\$22.00	CODE 82006
FEDERAL BACKGROUND CHECK FEE	FEE	\$10.00	CODE 80012
FEDERAL BACKGROUND/INA FEE	FEE	\$1.00	CODE 80011
FEDERAL BACKGROUND CHECK FEE	FEE	\$2.00	CODE 80006

TOTAL AMOUNT DUE \$75.00

DATE CREDENTIAL EXPIRES: _____

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, or to a comparable offense in another state, or in a military or federal court for which a pardon has not been granted. **(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 No
- Do you suffer from narcotics addiction or dependence? Yes No
- Have you been dishonorably discharged from the United States Armed Forces? Yes No
- Have you been adjudicated as mentally incompetent? Yes No
- Have you been involuntarily committed to a mental institution? Yes No
- Have you been involuntarily committed to a mental health treatment facility? Yes No
- Are you a registered sex offender or required to register as a sex offender? Yes No

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.

Rev. December 2016