



# UPGRADE- ALARM SYSTEMS AGENT OR TECHNICIAN APPLICATION

FOR OFFICE USE ONLY  
EFFECTIVE 1-2019  
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.**

**THIS APPLICATION IS TO BE USED FOR AN APPRENTICE WHO COMPLETES CERTIFICATION PRIOR TO EXPIRATION OF APPRENTICESHIP.**

**PLEASE SELECT ONE:**

- ALARM SYSTEMS AGENT
- ALARM SYSTEMS TECHNICIAN

**PLEASE TYPE OR PRINT LEGIBLY**

NAME OF COMPANY \_\_\_\_\_ CMPY # \_\_\_\_\_

NAME \_\_\_\_\_  
Last First MI

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

FOR OFFICE USE ONLY:  
Employee Credential Number

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.**

DATE CERTIFICATION WAS COMPLETED: \_\_\_\_\_

PLEASE SELECT ALL OF THE FOLLOWING COURSES THAT YOU HAVE SUCCESSFULLY COMPLETED (A COPY OF CERTIFICATION(S) MUST BE ATTACHED TO THIS APPLICATION):

- NICET - LEVEL II
- ESA - LEVEL I
- NESA - LEVEL I
- ELITE CEU - LEVEL 1

**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