



ARKANSAS STATE POLICE SECURITY OR INVESTIGATION COMPANY 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 SELECT THE TYPE OF COMPANY LICENSE YOU ARE APPLYING FOR:

FOR OFFICE USE ONLY:
CMPY License Number

- CLASS "A" – INVESTIGATIONS COMPANY
(EMPLOYS MORE THAN ONE INDIVIDUAL) CODE: 20012
\$600.00
- CLASS "B" – SECURITY SERVICE CONTRACTOR CODE: 20012
\$600.00
- CLASS "C" – COMBINED SECURITY AND INVESTIGATIONS
(COMBINED CLASS "A" AND CLASS "B" OPERATIONS) CODE: 20013
\$850.00
- CLASS "D" – PRIVATE INVESTIGATOR CODE: 20014
(SINGLE INVESTIGATOR) **\$300.00**
- CLASS "G" – GENERAL LICENSE CODE: 20016
(OPERATIONS INCLUDED WITHIN CLASS A, B, E-RESTRICTED AND E-UNRESTRICTED) **\$1200.00**

DO YOU HOLD THIS TYPE OF LICENSE IN ANY OTHER STATE? Yes No

IF YES, PLEASE LIST THE TYPE OF LICENSE AND THE NAME AND ADDRESS OF THE LICENSING AGENCY.

INSURANCE REQUIRED:

- CLASS "B", CLASS "C" AND CLASS "G" COMPANIES, MUST HAVE PUBLIC LIABILITY INSURANCE NOT LESS THAN \$500,000. **(PLEASE ATTACH CURRENT CERTIFICATE OF INSURANCE TO THIS APPLICATION).**
- CLASS "B" AND CLASS "C" – ARMORED CAR COMPANY, MUST HAVE PROOF OF A CONTINUING POLICY OF ARMORED CAR CARGO INSURANCE OF NOT LESS THAN \$500,000. **(PLEASE ATTACH CURRENT CERTIFICATE OF INSURANCE TO THIS APPLICATION).**

****ALL CORRESPONDENCE WILL BE SENT TO THE MAILING ADDRESS PROVIDED****

IS YOUR COMPANY A CORPORATION? Yes No

IF YES, YOU MUST ATTACH THE CORPORATION PAPERS TO THIS APPLICATION.

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: _____

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 AN APPLICANT WHO PLANS TO ENGAGE IN THE BUSINESS OF AN INVESTIGATIONS COMPANY, THE DESIGNATED MANAGER MUST HAVE ONE OF THE FOLLOWING:**

TWO (2) CONSECUTIVE YEARS EXPERIENCE BEFORE THE DATE OF THIS APPLICATION IN THE INVESTIGATIVE FIELD AS AN AGENT, EMPLOYEE, MANAGER OR OWNER OF AN INVESTIGATIONS COMPANY. ***(LETTERS OF EMPLOYMENT FROM A CURRENT OR PREVIOUS SUPERVISOR VERIFYING 2 CONSECUTIVE YEARS OF INVESTIGATIVE EXPERIENCE MUST BE INCLUDED WITH THIS APPLICATION).***

TWO (2) YEARS EXPERIENCE AS A LICENSED BAIL BONDSMAN AND A BACCALAUREATE DEGREE FROM A FOUR (4) YEAR INSTITUTION OF HIGHER EDUCATION. ***(A COPY OF THE BAIL BOND LICENSE AND COPY OF DEGREE MUST BE INCLUDED WITH THIS APPLICATION).***

***** IF AN APPLICANT WHO PLANS TO ENGAGE IN THE BUSINESS OF A SECURITY CONTRACTOR COMPANY OR PRIVATE BUSINESS, THE DESIGNATED MANAGER MUST HAVE THE FOLLOWING:**

TWO (2) CONSECUTIVE YEARS EXPERIENCE BEFORE THE DATE OF THIS APPLICATION IN THE SECURITY SERVICES FIELDS AS AN AGENT, EMPLOYEE, MANAGER OR OWNER OF A SECURITY SERVICES CONTRACTOR COMPANY. ***(LETTERS OF EMPLOYMENT FROM A CURRENT OR PREVIOUS SUPERVISOR VERIFYING 2 CONSECUTIVE YEARS OF INVESTIGATIVE EXPERIENCE MUST BE INCLUDED WITH THIS APPLICATION).***

NOTICE: THE MANAGER OF ANY COMPANY WILL BE EXPECTED TO MAINTAIN A SUPERVISORY POSITION ON A DAILY BASIS.



MANAGER / OWNER APPLICATION

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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: State Number HOME PHONE: ()

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 THIS APPLICATION WAS COMPLETED: (APPLICATION MUST BE SUBMITTED TO THE ARKANSAS STATE POLICE WITHIN 14 CALENDAR DAYS OF THE HIRE. THE APPLICANT MAY WORK UNDER THE SUPERVISION OF THE LICENSEE OR CREDENTIAL HOLDER UNTIL THE APPLICATION HAS BEEN PROCESSED BY THE DEPARTMENT.

** "SUPERVISION" IS DEFINED AS THE LICENSEE OR CREDENTIAL HOLDER WATCHING AND DIRECTING THE APPLICANT'S ACTIVITIES WHILE IN THE IMMEDIATE PRESENCE (LINE OF SIGHT PROXIMITY) OF THE APPLICANT AT ALL TIMES. (SEE RULE 2.13)

***** 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.

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 \$35.00

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, 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 <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"/>

EXAMINATIONS

ALL MANAGERS MUST TAKE THE EXAMINATION AND MUST SCORE SEVENTY PERCENT (70%) OR ABOVE IN ORDER TO CONSTITUTE SUCCESSFUL COMPLETION **(THE OWNER OF A COMPANY IS EXEMPT FROM AN EXAM IF THEY HAVE A CREDENTIALLED MANAGER).**

IF AN APPLICANT FAILS TO SUCCESSFULLY COMPLETE THE REQUIRED EXAMINATION HE OR SHE:

- MUST WAIT FIVE (5) WORKING DAYS IN ORDER TO RETAKE THE TEST
- MUST PAY A RE-EXAMINATION FEE OF \$50.00

FAILURE TO SUCCESSFULLY COMPLETE THE EXAMINATION AFTER TWO (2) ATTEMPTS SHALL RESULT IN CANCELLATION OF THE PENDING APPLICATION. UPON CANCELLATION, THE APPLICANT MUST RE-APPLY AS A NEW APPLICANT AND IS SUBJECT TO PAY REQUIRED APPLICATION FEES.

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