

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
SECURITY ALARM REGULATION
P.O. Box 30018, Lansing, MI 48909
(517) 241-8205
www.michigan.gov/securityalarm

Security Alarm Contractors License Application Instructions

Minimum Qualifications:

- Must be at least 25 years of age
- Must have high school diploma or GED
- No felony convictions
- No misdemeanor convictions within 5 years before application involving dishonesty, fraud, controlled substances, two or more alcohol related offenses, assault, or illegally using, carrying or possessing a dangerous weapon.
- Has not been dishonorably discharged from any branch of the U.S. Military
- Has Michigan office location and Michigan resident manager

Qualifying Employment (1 or more of the following):

- Held a license as a Security Alarm business in this or another state for at least 3 years.
- Worked for a licensed Security Alarm business full-time for at least 4 years in a supervisory capacity.
- Worked for a licensed Security Alarm business full-time for at least 4 years and passed a written exam covering alarm systems.

You Must:

1. Obtain Fingerprint Check
 - Applicants' fingerprints are required to check conviction history. Be advised that criminal background checks will be processed through the Michigan State Police and the Federal Bureau of Investigation.
 - Applicant and all partners, members or corporate officers who reside in the State of Michigan must contact one of the Live Scan Vendors listed on the Michigan State Police (MSP) website at: http://www.michigan.gov/msp/0.1607.7-123-1589_1878_8311-23762--,00.html to schedule an appointment to obtain and process their fingerprints, providing the Live Scan Vendor with the DELEG Agency ID Number listed on the Live Scan Fingerprint Request.
 - All partners, members or corporate officers who are out of state residents must submit a fingerprint card with a fee of \$49.25 payable to the State of Michigan.
2. Provide 2 recent passport size photos of applicant.
3. Submit Employment Verification Forms (make copies as needed) must be completed by employers to verify applicant's qualifying experience. Official transcript if qualifying by degree.
4. Submit a bond or liability insurance to cover the 2 year term of licensure. We recommend that you do not obtain a bond or insurance until you receive proper notification from our office.
5. Submit a copy of your Articles of Incorporation or Organization, if newly formed, or a Certificate of Good Standing for a previously established entity. (Available from Bureau of Commercial Services, Corporation Division (517) 241-6470). Out-of-state corporations or organizations must submit a Certificate to Conduct Business in Michigan.

6. Submit an Assumed Name Certificate or a DBA if you are using a name other than your own or different from your corporation or organization name. These documents are available from your local county clerk (sole proprietorship) or the Bureau of Commercial Services, Corporation Division (517) 241-6470.
7. Submit Partnership papers are available from your local county clerk.
8. Submit five personal references.
9. Submit a copy of Driver's License.

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License #:	

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APPLICATION FOR SECURITY ALARM CONTRACTOR LICENSE

AUTHORITY: P.A. 330 of 1968, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

Print in ink or type all responses. Completion of all information is required before application can be processed.

Applicant's Name (Last, First, Middle)			Social Security Number		Date of Birth
Company Name				Federal I.D. Number	
D/B/A Name, if applicable (Attach the filed, date-stamped Certificate of Assumed Name issued by the Corporation Division or County Clerk's Office)					
Physical Location of Business (Number and Street)				City	
State	Zip Code	County		Telephone Number ()	
Applicant's Home Address (Number and Street)				City	
State	Zip Code	Home Telephone Number ()		E-mail Address	
Michigan Driver's License Number (attach copy)			City & State of Birth		
Name & Address of High School Attended			Did you Graduate? <input type="checkbox"/> Yes - Year _____ <input type="checkbox"/> No		G.E.D. Equivalent <input type="checkbox"/> Yes - Year _____ <input type="checkbox"/> No
College Attended		Indicate Major Field of Study		Did you Graduate? <input type="checkbox"/> Yes - Year _____ <input type="checkbox"/> No	
Military Service Branch			Type of Discharge <input type="checkbox"/> Honorable - Date: _____ <input type="checkbox"/> Other - Date: _____		

FEE PAYMENT INFORMATION (Check Appropriate Box)			FOR OFFICE USE ONLY - VALIDATION		
<input type="checkbox"/> Individual License	\$500.00	(3601-01)			
<input type="checkbox"/> Partnership License	\$500.00	(3601-01)			
<input type="checkbox"/> Corporation License	\$500.00	(3601-01)			
<input type="checkbox"/> Limited Liability Company License	\$500.00	(3601-01)			
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN					
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 330 of 1968, as amended.					

PARTNERSHIP/LIMITED LIABILITY PARTNERSHIP INFORMATION - Attach Filed Partnership Papers From County Clerk

Partner's Name (Last, First, Middle)

Home Address (Number and Street)

City

State

Zip Code

Date of Birth

Social Security Number

Telephone Number

()

Partner's Name (Last, First, Middle)

Home Address (Number and Street)

City

State

Zip Code

Date of Birth

Social Security Number

Telephone Number

()

CORPORATION OR LIMITED LIABILITY COMPANY INFORMATION

Name of Corporation or Limited Liability Company

Corporate Officer or Member Manager (Print First, Middle, Last Name)

Home Address (Number and Street)

City

State

Zip Code

Date of Birth

Social Security Number

Title

Name of Corporation or Limited Liability Company

Corporate Officer or Member Manager (Print First, Middle, Last Name)

Home Address (Number and Street)

City

State

Zip Code

Date of Birth

Social Security Number

Title

Name of Corporation or Limited Liability Company

Corporate Officer or Member Manager (Print First, Middle, Last Name)

Home Address (Number and Street)

City

State

Zip Code

Date of Birth

Social Security Number

Title

Name of Corporation or Limited Liability Company

Corporate Officer or Member Manager (Print First, Middle, Last Name)

Home Address (Number and Street)

City

State

Zip Code

Date of Birth

Social Security Number

Title

APPROVAL COUNTY SHERIFF OR CITY CHIEF OF POLICE WHERE PRINCIPAL OFFICE LOCATED	
Print Name	Title (Sheriff or City Chief of Police)
Signature	Date
City	County
APPROVAL COUNTY PROSECUTING ATTORNEY WHERE PRINCIPAL OFFICE LOCATED	
Print Name	Title
Signature	Date
City	County
Applicant's Certification: I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I am aware that the department will perform criminal background checks through the Michigan State Police and the Federal Bureau of Investigation. I further authorize the Department or its agents to examine my books and records at the Department's discretion.	
_____	_____
License Holder Signature	Date

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VERIFICATION OF QUALIFYING EXPERIENCE - SECURITY ALARM

AUTHORITY: P.A. 330 of 1968, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your

The applicant named below is being considered for a Security Alarm Contractor license. The information will be used to provide administrative services to the applicant. **Please return the form directly to the Department at the address listed above.**

Applicant's Name:			
Employer's Name		Michigan License # 36-01-	
Employer's Address (Number and Street)	City	State	Zip Code
Exact dates applicant was in your employ:			
From: _____		To: _____	
Type of Employment:			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time - Number of Hours Worked _____			
POSITION HELD BY APPLICANT	BRIEF DESCRIPTION OF DUTIES		
Supervisor Signature		Date	
Type/Print Name		Daytime Telephone Number ()	

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PERSONAL REFERENCE FORM

AUTHORITY: P.A. 330 of 1968
 COMPLETION: Voluntary
 PENALTY: Failure to complete may result in denial of the application

To complete this form you must have known the applicant for at least five years and not be related by birth or marriage.

Name of Applicant				
How long have you known applicant?			How often do you see the applicant at the present time?	
Are you related? <input type="checkbox"/> Yes <input type="checkbox"/> No		Upon which of the following conditions is your acquaintance based? <input type="checkbox"/> Educational <input type="checkbox"/> Social <input type="checkbox"/> Neighbor <input type="checkbox"/> Business		
Does the applicant use intoxicants to excess? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does the applicant use narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant display respect for other persons and their property? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has the applicant ever been arrested or involved in any trouble? <input type="checkbox"/> Yes - Please explain on reverse side <input type="checkbox"/> No				
To the best of your knowledge, has the applicant demonstrated any characteristics unbecoming or inappropriate for the type of license for which he/she is applying. <input type="checkbox"/> Yes - Please explain on reverse side <input type="checkbox"/> No				
List where the applicant has been employed during the past 10 years, if it is known to you.				
A. _____				
B. _____				
C. _____				
D. _____				
NOTE: Feel free to include any further information or additional remarks on the reverse side of this form.				
Name of Reference (Please Print)			Occupation or Title	
Home Address (Number & Street)	City	State	Zip Code	Home Telephone Number ()
Business Address (Number & Street)	City	State	Zip Code	Business Telephone Number ()
Date	Signature			

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SECURITY ALARM CONTRACTORS INSURANCE AMENDATORY ENDORSEMENT

AUTHORITY: P.A. 330 of 1968, as amended
COMPLETION: Voluntary
PENALTY: No license will be issued unless bond or liability insurance

Section 9 of PA 330 of 1968, as amended provides in part, "In lieu of a bond, the applicant may furnish a policy of insurance issued by an insurer authorized to do business in this state, naming the licensee and the state as co-insureds.

In conformity with the above statement, the following agreement becomes part of:

Policy Number	Date Entered Into	Between (Name of Insurance Company)
and (Name of License Holder)		DBA (Licensed Agency Name)
as the named insured and the State of Michigan as the co-insured, covering the period of		
from:		to:

Coverage is in the amount of \$25,000.00 for property damages, \$100,000.00 for injury to or death of 1 person, and \$200,000.00 for injuries to or deaths of more than 1 person arising out of the operation or conduct of such licensed activity.

In the event any person is injured by the willful, malicious, negligent or wrongful acts of the licensee, or any of his agents or employees, and an action is brought against the policy under Section 9 of PA 330 of 1968, as amended, and judgment is rendered, the insurance company shall pay all of the deductible amount to effect settlement of any claim or suit and, upon notification of the action taken, the licensee shall be fully accountable to, and shall promptly reimburse, the company for such part of the deductible amount which has been paid by the company.

The insurance company agrees that any provision in the policy inconsistent with PA 330 of 1968, as amended, is hereby amended to comply with that section.

Signature of Authorized Agent	Title	Date
Insurance Company		

RETURN ORIGINAL ENDORSEMENT TO:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
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Lansing, MI 48909

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Bond No.:	
Effective Date	Expiration Date

SECURITY ALARM CONTRACTOR SURETY BOND

AUTHORITY: P.A. 330 of 1968, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

Know All Persons By These Presents, That _____

doing business as _____, or

_____ a Sole proprietorship/LLC/Partnership/Corporation

located in the State of _____ City of _____ County of _____

and State of Michigan, as principal and _____, a surety company duly authorized and

existing under and by virtue of the laws of the state of _____ with its principal office at

and admitted to do business in the State of Michigan, as surety, are held and firmly bound unto the State of Michigan and persons damaged by the principal's failure to satisfy its responsibilities as set forth in the condition hereof in the sum of \$25,000.00 to the payment whereof, the above parties truly bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, and each of them, firmly by these presents.

WHEREAS, the principal desires to act as a security alarm contractor licensed by the State of Michigan under P.A. 330 of 1968, as amended, and

WHEREAS, Public Act 330 of 1968, as amended requires each security alarm contractor licensee thereunder to file and maintain in force a corporate surety bond conditioned upon the faithful and honest conduct of the business by the licensee in a form prescribed by the Michigan Department of Licensing and Regulatory Affairs for the benefit of all persons injured by the willful, malicious, and wrongful act of the principal; and

WHEREAS, this corporate surety is executed pursuant to and for the purposes set forth in Public Act 330 of 1968, as amended; and

WHEREAS, the above parties agreed that the Michigan Department of Licensing and Regulatory Affairs will rely hereon if said Department issues a security alarm contractor license to the principal; and

WHEREAS, the above parties agree that this corporate surety shall be effective upon approval hereof by the Department and in no event later than the time at which a security alarm contractor license is issued to the principal; and

WHEREAS, the above parties agree that this bond is valid until the expiration of the principal's security alarm contractor license and may not lapse or be canceled prior to this date unless the surety gives the Department of Licensing and Regulatory Affairs 30-days written notice of such lapse or cancellation and that the surety shall remain liable for any breach of condition occurring up to the effective date of cancellation.

NOW, THEREFORE, the condition of this obligation is that if the above named principal fails to faithfully and honestly conduct business, the bond shall indemnify any person damaged thereby, provided that the aggregate liability of the State to all such persons shall not exceed the sum of this bond.

Signed and sealed as herein set forth.

Witnessed by: _____ Date _____ (L.S.)
Owner/President/License Holder

Witnessed by: _____ Date _____ (L.S.)
Partner/Officer/Member

Witnessed by: _____ Date _____ (SEAL)
Surety

Note: If partnership, all partners must sign.
If corporation, president or secretary signs indicating title of signatory.
If LLC, Member or Manager must sign.

I hereby approve the foregoing bond.

Department of Licensing and Regulatory Affairs
Director or designated representative

ATTORNEY-IN-FACT: Please enter your address and telephone number below:

ADDRESS _____

TELEPHONE NO. _____

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LIVESCAN FINGERPRINT REQUEST

*****Return completed form (after fingerprint capture) to employer or state licensing authority*****

I. CJIS Information: Type or clearly print answers to all fields.	
1. Date Printed	2. Picture ID Type Presented
3. TCN Number	4. Live Scan Operator
5. Requesting Agency ID 85826P	6. Agency Name MI LARA-SECURITY

II. Applicant Information: Type or clearly print answers to all fields.			
1a. First Name	1b. Middle Initial	1c. Last Name	
2. Date of Birth	3. Race	4. Sex	
5. Address			
6. City	7. State	8. ZIP Code	

Fingerprint Reason	
Code: PSI-PRIVATE SECURITY & INVESTIGATION LICENSE (MCL 338.1068)	\$49.25+LS Fee

I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety.

Signature: _____ Date: _____

TITLE 28 - JUDICIAL ADMINISTRATION 16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES ARE THE RESPONSIBILITY OF THE REQUESTING AGENCY. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES.****

AUTHORITY: MCL 28.214, MCL 28.273 & MCL 28.162
 COMPLIANCE: Voluntary, however failure to complete this Agreement will result in denial of request.