

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/securityguard

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

SECURITY ALARM CONTRACTORS BRANCH OFFICE LICENSE APPLICATION

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.

BRANCH OFFICE INFORMATION			
Branch Office Address (Number & Street)			City
State	Zip Code	County	Branch Office Telephone Number ()
Name of Branch Manager		Date of Birth	Social Security Number
Home Address (Number & Street)			City
State	Zip Code	County	
Has the Branch Manager been fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
The Branch Manager must complete the fingerprint process.			
BUSINESS INFORMATION			
Name of License Holder			License Number 36-01-
Complete Name of Business			Business Telephone Number ()
Physical Location of Business (Number & Street)			City
State	Zip Code	County	
FEE PAYMENT INFORMATION (Check Appropriate Box)			FOR OFFICE USE ONLY - VALIDATION
Security Alarm Contractors Branch Office License Application			
\$50.00	(36-02-01)		
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.			

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 further authorize the Department or its agents to examine my books and records at the Department's discretion.	
_____ License Holder Signature	_____ Date
_____ Branch Manager Signature	_____ Date

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