

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

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.**

Employer's Name		Applicant's Name:	
Address (Number and Street)		Applicant's Social Security Number	
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 ()