

# EMPLOYEE ROSTERS

Licensees must submit employee rosters to the Department on a quarterly basis.

**Note: A renewal application shall not be processed if the quarterly roster has not been received for each quarter of the preceding 2-year license period.**

Authority MCL 338.1067(3)

Quarterly rosters are due at the end of each quarter as shown below:

Quarter	Quarter Covered	Due Date
First Quarter	January through March	April 15 <sup>th</sup>
Second Quarter	April through June	July 15 <sup>th</sup>
Third Quarter	July through September	October 15 <sup>th</sup>
Fourth Quarter	October through December	January 15 <sup>th</sup>

You may use the attached form or you may use your own company roster form as long as it has the required information listed below. Double-sided rosters are preferred for multiple page reports.

Rosters must contain the following information:

- Agency name
- Agency license number
- Agency address and telephone number
- Name of License Holder
- Name of person preparing report, their title and signature
- Alphabetical listing of employees that have been employed by your agency for the quarter. Employees are classified as follows:
  - Human Resource employees
  - Those that are engaged in the installation, maintenance, alteration, monitoring, responding, or servicing of security alarm systems
- Employee date of birth
- Employee hire date
- Employee termination date
- Total number of employees for quarter
- Quarter covered by the report
- **SWORN STATEMENT as follows:** I affirm that I am authorized to act on behalf of the above name agency and I verify that the information contained on this form is true, complete, and accurate to the best of my knowledge and belief. (Print Name of Person Performing Report, Signature, Title, and Date)
- You are required to file a roster form for each branch facility
- A roster is required even if your company does not have any employees. Documentation must indicate "No Employees" or list "0" under the area marked Number of Employees

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  
 517-373-2162 (Fax)  
 www.michigan.gov/securityalarm

**MAKE COPIES AS NEEDED**

Quarter Covered By This Report	
<input type="checkbox"/> January - March	<input type="checkbox"/> July - September
<input type="checkbox"/> April - June	<input type="checkbox"/> October - December
Year: 20 _____	

# SECURITY ALARM CONTRACTOR EMPLOYMENT ROSTER

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

"Security alarm system contractor" means a sole proprietorship, firm, company, partnership, limited liability company, or corporation engaged in the installation, maintenance, alteration, monitoring, or servicing of security alarm systems or who responds to a security alarm system. Security alarm system contractor does not include a business that only sells or manufacturers security alarm systems unless the business services security alarm systems, installs security alarm systems, monitors or arranges for the monitoring of a security alarm system, or responds to security alarm systems at the protected premises. Authority MCL 338.1052(1)(j)

Name of Agency		Agency License Number (Must Have)	
Address		City	Zip Code
Type Name of License Holder	Number of Employees Listed	Telephone Number	

List all employees that are engaged in the installation, maintenance, alteration, monitoring, responding, or servicing of security alarm systems as well as all Human Resource employees.

Full Name			Date of Birth	Date of Hire	Date of Termination	Full Name			Date of Birth	Date of Hire	Date of Termination
Last	First	M.I.				Last	First	M.I.			

**SWORN STATEMENT:** I affirm that I am authorized to act on behalf of the above named agency and I verify that the information contained on this form is true, complete, and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
 Print Name of Person Preparing Report

\_\_\_\_\_  
 Title/Postion

\_\_\_\_\_  
 Signature of Person Preparing Report

\_\_\_\_\_  
 Date

