

Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
SECURITY GUARD
P.O. Box 30018, Lansing, MI 48900
517-241-8205
www.michigan.gov/securityguard

Security Guard Agency 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, unauthorized divulging or selling of information or evidence, impersonation of a law enforcement officer or employee of the United States, this state, or a political subdivision of this state, illegally using, carrying, or possessing a dangerous weapon, two or more alcohol related offenses, controlled substances under the public health code, 1978 PA 368, MCL 333.1101 to 338.25211, or assault.
- Has not been dishonorably discharged from any branch of the U.S. Military
- Has Michigan office location

Qualifying Employment (1 or more of the following):

- Held a license as a Security Guard business in this or another state for at least 3 years.
- Worked for a licensed Security Guard business full-time for at least 4 years in a supervisory capacity.
- A certified police officer full-time for at least 4 years for a city, county, state or U.S. government.
- In the licensed Security Guard business or as a Security Administrator in private business full-time for at least 2 years and has a bachelors degree in Police Administration or Industrial Security from an accredited university or college.

You Must:

1. Provide 2 recent passport size photos of applicant with name documented on back of photo.
2. 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.
3. 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.
4. 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.
5. 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.
6. Submit Partnership papers which are available from your local county clerk.
7. Submit five personal references.
8. Submit a copy of Driver's License.

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

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

APPLICATION FOR SECURITY GUARD AGENCY 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 (First, Middle, Last)		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
Do you have a high school diploma or its equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you dishonorably discharged from a branch of the United States military service? <input type="checkbox"/> Yes - Date: <input type="checkbox"/> Other - Date:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes - Download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/securityalarm and select Forms & Publications. The form must be included to avoid delays in processing your application. <input type="checkbox"/> No			
Have you ever been convicted of a misdemeanor within 5 years involving any of the following before the date of this application? (dishonesty or fraud, unauthorized divulging or selling of information or evidence, impersonation of a law enforcement officer or employee of the United States, this state or a political subdivision of this state, illegally using, carrying, or possessing a dangerous weapon, two or more alcohol related offenses, controlled substances under the public health code, 1978 PA 368, MCL 338.1101 to 333.25211 or assault. <input type="checkbox"/> Yes - Attach a written statement explaining the circumstances of each incident; a copy of the charging document, a copy of the official document that demonstrates resolution of the charges or any final judgment. <input type="checkbox"/> No			
Have you ever been adjudged insane? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you been restored to sanity by court order? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any outstanding warrants for your arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FEE PAYMENT INFORMATION (Check Appropriate Box)	FOR OFFICE USE ONLY - VALIDATION
<input type="checkbox"/> Individual License \$200.00 (3801-01) <input type="checkbox"/> Partnership License \$300.00 (3801-01) <input type="checkbox"/> Corporation License \$300.00 (3801-01) <input type="checkbox"/> Limited Liability Company License \$300.00 (3801-01)	
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			
Partner's Name (Last, First, Middle)			
Home Address (Number and Street)	City	State	Zip Code
Date of Birth	Social Security Number	Telephone Number ()	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes - Download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/securityalarm and select Forms & Publications. The form must be included to avoid delays in processing your application. <input type="checkbox"/> No			
Have you ever been convicted of a misdemeanor within 5 years involving any of the following before the date of this application? (dishonesty or fraud, unauthorized divulging or selling of information or evidence, impersonation of a law enforcement officer or employee of the United States, this state or a political subdivision of this state, illegally using, carrying, or possessing a dangerous weapon, two or more alcohol related offenses, controlled substances under the public health code, 1978 PA 368, MCL 338.1101 to 333.25211 or assault. <input type="checkbox"/> Yes - Attach a written statement explaining the circumstances of each incident; a copy of the charging document, a copy of the official document that demonstrates resolution of the charges or any final judgment. <input type="checkbox"/> No			
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	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes - Download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/securityalarm and select Forms & Publications. The form must be included to avoid delays in processing your application. <input type="checkbox"/> No			
Have you ever been convicted of a misdemeanor within 5 years involving any of the following before the date of this application? (dishonesty or fraud, unauthorized divulging or selling of information or evidence, impersonation of a law enforcement officer or employee of the United States, this state or a political subdivision of this state, illegally using, carrying, or possessing a dangerous weapon, two or more alcohol related offenses, controlled substances under the public health code, 1978 PA 368, MCL 338.1101 to 333.25211 or assault. <input type="checkbox"/> Yes - Attach a written statement explaining the circumstances of each incident; a copy of the charging document, a copy of the official document that demonstrates resolution of the charges or any final judgment. <input type="checkbox"/> No			
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	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes - Download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/securityalarm and select Forms & Publications. The form must be included to avoid delays in processing your application. <input type="checkbox"/> No			
Have you ever been convicted of a misdemeanor within 5 years involving any of the following before the date of this application? (dishonesty or fraud, unauthorized divulging or selling of information or evidence, impersonation of a law enforcement officer or employee of the United States, this state or a political subdivision of this state, illegally using, carrying, or possessing a dangerous weapon, two or more alcohol related offenses, controlled substances under the public health code, 1978 PA 368, MCL 338.1101 to 333.25211 or assault. <input type="checkbox"/> Yes - Attach a written statement explaining the circumstances of each incident; a copy of the charging document, a copy of the official document that demonstrates resolution of the charges or any final judgment. <input type="checkbox"/> No			

CORPORATION OR LIMITED LIABILITY COMPANY INFORMATION - Continued

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

Have you ever been convicted of a felony?

Yes - Download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/securityalarm and select Forms & Publications. The form must be included to avoid delays in processing your application.

 No

Have you ever been convicted of a misdemeanor within 5 years involving any of the following before the date of this application?

(dishonesty or fraud, unauthorized divulging or selling of information or evidence, impersonation of a law enforcement officer or employee of the United States, this state or a political subdivision of this state, illegally using, carrying, or possessing a dangerous weapon, two or more alcohol related offenses, controlled substances under the public health code, 1978 PA 368, MCL 338.1101 to 333.25211 or assault.

Yes - Attach a written statement explaining the circumstances of each incident; a copy of the charging document, a copy of the official document that demonstrates resolution of the charges or any final judgment.

 No

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

Have you ever been convicted of a felony?

Yes - Download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/securityalarm and select Forms & Publications. The form must be included to avoid delays in processing your application.

 No

Have you ever been convicted of a misdemeanor within 5 years involving any of the following before the date of this application?

(dishonesty or fraud, unauthorized divulging or selling of information or evidence, impersonation of a law enforcement officer or employee of the United States, this state or a political subdivision of this state, illegally using, carrying, or possessing a dangerous weapon, two or more alcohol related offenses, controlled substances under the public health code, 1978 PA 368, MCL 338.1101 to 333.25211 or assault.

Yes - Attach a written statement explaining the circumstances of each incident; a copy of the charging document, a copy of the official document that demonstrates resolution of the charges or any final judgment.

 No**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

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

VERIFICATION OF QUALIFYING EXPERIENCE - SECURITY GUARD

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 Guard Agency 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 # 38-01-	
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 ()	

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

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 blood or marriage.

Name of Applicant			
How long have you known the applicant?		Are you related to the applicant by blood or marriage?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference Statement attesting the applicant is honest, of good character and competent.			
Name of Reference (Please Print)			
Home Address (Number & Street)		City	State
			Zip Code
Business Address (Number & Street)		City	State
			Zip Code
Home Telephone Number		Business Telephone Number	
Signature			Date

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

Bond No.:	
Effective Date	Expiration Date

SECURITY GUARD AGENCY 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 guard agency 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 guard agency 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 guard agency 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 guard agency 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 guard agency 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 _____

Owner/President/License Holder (L.S.)

Witnessed by: _____ Date _____

Partner/Officer/Member (L.S.)

Witnessed by: _____ Date _____

Surety (SEAL)

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. _____

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

PRIVATE SECURITY GUARD AGENCY 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
 SECURITY GUARD REGULATION
 P.O. Box 30018
 Lansing, MI 48909