

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

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/securityalarm

APPLICATION FOR RELICENSURE AS A SECURITY GUARD AGENCY

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
Complete Business Name as you wish it to appear on license		Federal I.D. Number	
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
Driver's License Number		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:		
Are you a Michigan resident? <input type="checkbox"/> Yes - Attach a copy of your driver's license or state identification card. <input type="checkbox"/> No			
FEE PAYMENT INFORMATION (Check Appropriate Box)		FOR OFFICE USE ONLY - VALIDATION	
<input type="checkbox"/> Individual License	\$200.00	(3801-06)	
<input type="checkbox"/> Partnership License	\$300.00	(3801-06)	
<input type="checkbox"/> Corporation License	\$300.00	(3801-06)	
<input type="checkbox"/> Limited Liability Company License	\$300.00	(3801-06)	
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.			

Have you ever been convicted of a felony within 5 years before the date of this application? No

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.

Have you ever been convicted of a misdemeanor within 5 years before the date of this application? No

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

Have you ever had disciplinary action taken against any license, registration, certificate or permit you now hold or have ever held? (Includes but is not limited to final orders, suspension, revocation, denial, cease and desist order, etc.) No

Yes - Download the form BCS/LCE-021 "Request for Disciplinary Action Information". 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.

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 ()
---------------	------------------------	-------------------------------

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
---------------	------------------------	-------

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
---------------	------------------------	-------

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
---------------	------------------------	-------

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:	
<p>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.</p>	
_____	_____
License Holder Signature	Date