

COMPANY LICENSE NUMBER

FOR OFFICE USE ONLY  
EFFECTIVE 12/10/08  
EXPIRES \_\_\_\_\_

# ALARM EMPLOYEE RENEWAL APPLICATION

(PLEASE TYPE)

NAME OF COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First MI

MAILING ADDRESS: \_\_\_\_\_  
# & Street or P.O. Box City County State/ZIP

DOB: \_\_\_\_\_ HGT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ SEX: \_\_\_\_\_ WGT: \_\_\_\_\_  
:

DRIVER'S LICENSE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
State Number Area Code - Number

PLACE OF BIRTH: \_\_\_\_\_  
City County State Country

\_\_\_\_\_

PLACE AN "X" IN THE SQUARE NEXT TO THE TYPE OF REGISTRATION FOR WHICH YOU ARE APPLYING:

- ALARM TECHNICIAN FEE \$40.00 CODE 20005
- ALARM MONITOR FEE \$40.00 CODE 20005
- ALARM SYSTEMS AGENT FEE \$40.00 CODE 20005

\_\_\_\_\_

DATE REGISTRATION CARD EXPIRES: \_\_\_\_\_

DATE THIS APPLICATION WAS COMPLETED: \_\_\_\_\_

\_\_\_\_\_

**WARNING TO APPLICANT: PROVIDING FALSE INFORMATION ON THIS FORM IS A VIOLATION OF ARKANSAS LAW AND PUNISHABLE AS SET FORTH IN ARKANSAS CODE 5-53-103.**

THE APPLICANT MUST LIST ALL CONVICTIONS OF A **FELONY, CLASS "A" MISDEMEANOR, CRIME INVOLVING AN ACT OF VIOLENCE OR MORAL TURPITUDE.** IF THE APPLICANT HAS BEEN CONVICTED, HE OR SHE MUST ATTACH DOCUMENTATION CERTIFIED BY THE COURT AS TO THE DISPOSITION OF THE CHARGE. THE APPLICANT MUST ALSO LIST ANY CRIMINAL CHARGES NOW PENDING OR ON APPEAL.

Charge	Location	Date	Disposition

**THE APPLICANT STATES ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT AND THAT THE APPLICANT WILL UPHOLD THE CONSTITUTIONS OF THE UNITED STATES AND THE STATE OF ARKANSAS.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STATE OF** \_\_\_\_\_

**§**

**COUNTY OF** \_\_\_\_\_

**Subscribed and sworn to before me, a Notary Public in and for the county and state aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.**

\_\_\_\_\_  
**Notary Public**



DO NOT WRITE IN THE SPACES BELOW

FOR BOARD USE ONLY

I.D. BUREAU

RECORD

NO RECORD

C.I.D.

NCIC

WANTED

NOT WANTED

TRAFFIC RECORD

NO TRAFFIC RECORD

Signature of person making inquiry: \_\_\_\_\_ Date: \_\_\_\_\_