

**RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING  
DIVISION OF WORKFORCE REGULATION AND SAFETY  
PROFESSIONAL REGULATION UNIT**

**NEW ALARM BUSINESS LICENSE REQUIREMENTS:**

- Application for Alarm Business License must be signed and notarized.
- Make check payable to the Dept. of Labor and Training in the amount of four hundred twenty five dollars (\$425.00).
- Ten thousand dollar (\$10,000) surety bond made payable to the State must be included with New Alarm Business License application.
- TWO (2) Experience Affidavits (if applicable)– **signed and notarized**.
- Copy of government issued ID (IE: Driver license or Passport) must be attached to the application.
- New Alarm Agent application must be included with the New Alarm Business License application.

**NEW ALARM AGENT LICENSE REQUIREMENTS:**

- Application for Alarm Agent License must be signed and notarized.
- Make check payable to the Dept. of Labor and Training in the amount of thirty dollars (\$30.00).
- Two (2) Personal Reference Forms - must be signed and notarized.
- Copy of government issued ID (IE: Driver license or Passport) must be attached to the application.
- Must apply for Criminal History Report (CHR) with the Rhode Island Office of the Attorney General. (DLT DOES NOT ACCEPT (CHR) APPLICATIONS).



**Rhode Island Department of Labor and Training**  
**Division of Professional Regulation**  
1511 Pontiac Avenue  
Cranston, RI 02920  
Telephone (401) 462-8533 | Fax (401) 462-8528  
[www.dlt.ri.gov](http://www.dlt.ri.gov)

## **Application and Instructions for Alarm Agent License**

### **ALARM AGENT APPLICANTS SUBMIT THE FOLLOWING:**

1. Agent Application
2. \$30 License Fee payable to "State of Rhode Island General Treasurer"
3. Two (2) Personal Reference Forms
4. Two (2) Color Photographs (1" x 1") Full Face for I.D. Card
5. Criminal History Record ("CHR")

### **CHR SUBMISSION REQUIREMENT INSTRUCTIONS:**

To apply for a national CHR you must be fingerprinted in person at the Rhode Island Department of Attorney General ("DAG") Bureau of Criminal Identification located at 4 Howard Avenue, Cranston, Rhode Island. Hours of operation are 8:30 a.m. to 4:30 p.m., Monday – Friday. If you have any questions regarding the fingerprint process contact the DAG directly at (401) 274-4400.

- You must bring photo identification with date of birth listed.
- You must tell the person taking fingerprints that you need a national background check required by the Department of Labor and Training (DLT) for your Alarm License.
- The cost to process the fingerprint cards and national CHR in person is: \$45 payable by check or money order to: "BCI."

***Please note:*** Your CHR results will be forwarded directly to DLT. If a positive criminal record is reported you will be notified by mail and required to respond in writing with complete dispositions or results of any charges delineated or resolved. The department may request a letter from your parole officer stating all conditions of parole have been met.

*The Licensing Law Title 5 Chapter 57 of the Rhode Island General Laws and the Rules and Regulations Pertaining to Burglar and Hold-Up Alarm Businesses are available at DLT for a fee of \$2 per copy, or may be download from the Internet at: [www.rilin.state.ri.us/Statutes/TITLE5/5-57/INDEX.HTM](http://www.rilin.state.ri.us/Statutes/TITLE5/5-57/INDEX.HTM)*



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**Application and Instructions for Alarm Agent License**

CATEGORY OF APPLICANT: (Check all that apply.)

- \_\_\_\_\_ I have applied for my CHR at the RI Attorney General's Office on \_\_\_\_\_. (Date fingerprinted)
- \_\_\_\_\_ Alarm Agent, defined as any individual employed by an alarm business and whose duties include the altering, installing, maintaining, moving, repairing, replacing, selling or servicing of an alarm system or responding to or causing others to respond to an alarm system.
- \_\_\_\_\_ Owner, General Partner, Principal Officer, or Manager of an alarm business and who is directly engaged in selling, installing, altering, servicing, moving, maintaining, replacing, responding to or causing others to respond to alarm systems within this state.
- \_\_\_\_\_ Individual engaged in or employed by an alarm business with access to confidential information relating to customers of the alarm business.
- \_\_\_\_\_ Individual who monitors communication equipment in connection with an alarm business.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Name (Last) (First) (Middle) Social Security Number

3. \_\_\_\_\_  
 List any aliases and/or nicknames, including maiden name if you are a married female. If you have ever legally changed your name, indicate your former name and give the date, place and court where the name change was granted.

4. \_\_\_\_\_  
 Residence (Street) (City/Town) (State) (Zip)

5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8.  Yes  No  
 Home Telephone Number Date of Birth Place of Birth Are You a U.S. Citizen?

9. Height: \_\_\_\_\_ 10. Weight: \_\_\_\_\_ 11. Color of Eyes: \_\_\_\_\_ 12. Color of Hair: \_\_\_\_\_

13. Email: \_\_\_\_\_

14. **Employment Record.** List chronologically all employment within the last three years. Present Employer Burglar Alarm business license number (s): ( \_\_\_\_\_ )

Name and Address of Alarm Business Employing Applicant: \_\_\_\_\_  
 \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

\_\_\_\_\_  
 Name and Address of Employer Position Held Date of Employment

\_\_\_\_\_  
 Name and Address of Employer Position Held Date of Employment

## Application and Instructions for Alarm Agent License Continued...

15. The alarm business which employs or will employ the applicant is: (check one)

\_\_\_\_\_ Licensed under Title 5, Chapter 57 of the General Laws of Rhode Island.

\_\_\_\_\_ Has a License application pending before the Alarm Licensing Authority.

16. Has the employing alarm business issued a temporary I.D. card to applicant?       YES       NO

**If yes, state date of issuance and card number.**

Date of Issuance: \_\_\_\_\_

Card Number: \_\_\_\_\_

17. COURT RECORD. If you have ever been convicted of any crime other than a minor traffic violation, list such matters below.

Date	Place and Department	Charge	Final Disposition	Details
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18. Have you, the applicant, ever been denied, suspended or revoked an alarm agent, guard, or private investigator license, permit, I.D. card, or business license for an alarm business, guard or private investigator business in this or any other state or lawful jurisdiction?

YES       NO

If Yes, Explain.

\_\_\_\_\_

\_\_\_\_\_

19. OATH OF APPLICANT

I understand that I must inform the Alarm Licensing Authority in writing of any material change in the information set forth in this application within ten (10) days of such change. I have read and understand the provisions of Title 5, Chapter 57 of the General Laws of Rhode Island pertaining to the regulation of alarm agents. I make oath to the truthfulness and accuracy of all foregoing statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

---

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_



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**PERSONAL REFERENCE FORM**

Name of Alarm Agent Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

How often do you see him/her at present time? \_\_\_\_\_

Upon which of these conditions is your relationship based?

\_\_\_\_\_ Educational      \_\_\_\_\_ Social      \_\_\_\_\_ Neighbor      \_\_\_\_\_ Business

Do you verify applicant's good moral character and reputation as well as his/her competence to act as an alarm agent? \_\_\_\_\_

To your knowledge, has applicant ever been arrested or involved in any illegal activity?

If yes, explain on reverse side.       YES  NO

Employment of applicant during the past three (3) years, if known. Begin with the name of the alarm business with which the applicant is currently associated.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

=====

Name of person supplying reference: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of reference: \_\_\_\_\_ Signature: \_\_\_\_\_

=====

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Commission Expires: \_\_\_\_\_

=====

\*\*\* The information contained in this report is to be held in the strictest confidence and under no circumstances divulged to persons other than official reviewing personnel, or as provided by law.



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**AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE**

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

I, \_\_\_\_\_,  
Full Name and Title

\_\_\_\_\_  
Maiden Name or Former Name

Of \_\_\_\_\_,  
Residence Address, City, State, Zip Code

having a date of birth of \_\_\_\_\_ and social security number of \_\_\_\_\_ hereby empowers any employee of the Department of Labor and Training, Division of Professional Regulations (hereafter "DLT") to obtain criminal and financial reports associated to me for the purpose of evaluating general character and financial condition. The information may be used for purposes of obtaining a credit report on me and/or may be shared with the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island, and the Federal Bureau of Investigation (FBI) to make available any criminal record or other disposition that the Bureau of Criminal Identification has on file in reference to me.

**PRIVACY STATEMENT**

**Authority:** The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, Rhode Island statutes, presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN):** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain licensing determinations may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency and/or FBI for the purpose of processing your application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to DLT. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, DLT may also retain the fingerprints and other documents submitted.

**ROUTINE USES**

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:** DLT will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

**RECORD COMPLETENESS OR ACCURACY CHALLENGE NOTICE**

**FBI Record:** This record is subject to the following use and dissemination restrictions: Under provisions set forth in Title 28, Code of Federal Regulations (CFR), Section 50.12, both governmental and nongovernmental entities authorized to submit fingerprints and receive FBI identification records must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. Identification Records obtained from the BRI may be used solely for the purpose requested and may not be disseminated outside DLT.

The official making the determination of suitability for licensing or employment shall provide the applicant the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. DLT will not deny the license based on the information in the record until the applicant has been afforded a reasonable time to correct or complete the information, or has declined to do so. An individual should be presumed not guilty of any charge/arrest for which there is no final disposition stated on the record or otherwise determined. If the applicant wishes to correct the record as it appears in the FBI's CJIS Division Records System, the applicant should be advised that the procedures to change, correct or update the record are set forth in Title 28, CFR, Section 16.34.

The CJIS Division is not the source of the data appearing on identification records. All data is obtained from fingerprint submissions or related identification forms submitted to the FBI by local, state, and federal agencies. As a result, the responsibility for authentication and correction of such data rests upon the contributing agency (i.e., police department, county court, etc.). Please contact this agency or the central repository in the state where the arrest occurred to request a change, correction, or update. The FBI is not authorized to modify the record without written notification from the appropriate criminal justice agency.

I hereby waive and release any and all manner of actions, causes of actions, and demands of every kind, nature and description, in both law and equity which I may now have or may have in the future arising from any release of criminal records and requests there from, against the State of Rhode Island, the Bureau of Criminal Identification, the Attorney General, the Department of Labor and Training, Federal Bureau of Investigation, the employees of the Attorney General's Office, the employees and officials of the Federal Bureau of the employees and officials of the Department of Labor and Training. Upon submission of an application for licensure or a change in a licensee's officers, directors, manager or principal owner as defined in R. I. Gen. Laws § 19-14-1(10), each such officer, director, manager or principal owner must provide a signed response to the questions

(Additional copies of this form may be reproduced as needed.)

Attached:

\_\_\_\_\_

The undersigned certifies that the above responses are true and accurate to the best of my knowledge and belief.

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_ Notary Seal

My Commission Expires: \_\_\_\_\_