

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

**NEW ALARM BUSNIESS LICENSE REQUIERMENTS:**

- 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 REQUIERMENTS:**

- 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 | [www.dlt.ri.gov](http://www.dlt.ri.gov)

**APPLICATION FOR ALARM BUSINESS LICENSE**  
To avoid delay read carefully and comply with all instructions

**INSTRUCTIONS**

- This is a **THREE YEAR LICENSE**.
- This application is for an original license only. Requests for renewal must be made on renewal application forms
- Please print or type. No handwritten applications will be accepted.
- Each question must be fully and truthfully answered. Any material misrepresentation will be grounds for refusal or subsequent revocation of license. Attach additional sheets of paper if space provided for answer is not sufficient.
- Application fee of \$125.00. • License fee of \$300.00. • **Total fee of \$425.00**
- Make checks payable to "State of Rhode Island, General Treasurer."
- \$10,000.00 Surety Bond.
- Two (2) experience affidavits \*If applicant does not meet the requirements of the experience affidavit, submit \$15.00 examination fee.
- Applicant must also file as an alarm agent and submit all of the alarm agent's required documents and fees. In addition to the above.

**The licensing law Title 5 Chapter 57 and Rules and Regulations pertaining to the Burgular and Hold-up alarm license is available online at [www.dlt.ri.gov/proffregs](http://www.dlt.ri.gov/proffregs)**



**Division of Professional Regulation**  
**1511 Pontiac Avenue**  
**Cranston, RI 02920**  
**Telephone (401) 462-8533 | [www.dlt.ri.gov](http://www.dlt.ri.gov)**

**APPLICATION FOR ALARM BUSINESS LICENSE**  
**APPLICATION FEE \$125.00 LICENSE FEE \$300.00 TOTAL FEE OF \$425.00**

CATEGORY OF APPLICANT (Check one of the following in each section):

- (A) Resident (B) Individual (Signatory must be individual)  
 Non-Resident Firm (Signatory must be owner)  
 Partnership (Signatory must be general partner)  
 Corporation (Signatory must be principal officer)

NOTE: With reference to the above, if the signatory of this application is a non-resident and does NOT operate any business in or is not employed in Rhode Island, this application must be cosigned by an approved individual possession the authority and responsibility to manage and operate the alarm business in this state. All of the information for the signator of this application shall ALSO be required of the co-signatory.

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

3. \_\_\_\_\_  
 Residence (Street, City/Town, State and Zip)

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

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

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

12. \_\_\_\_\_  
 Name and Address of Employer or Self-employment at time of application.

13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_  
 Business Telephone Number Date of Employment Length of time Employed

16. \_\_\_\_\_  
 Business name and principal office address under which applicant intends to operate (If different from #12)

17. \_\_\_\_\_ 18. \_\_\_\_\_ 19. Yes No  
 Date business commenced Business hours and days of operation Do you maintain 24 hour emergency service?

20. \_\_\_\_\_  
 Name and Address of Insurance Company supplying surety bond and expiration date

APPLICATION CONTINUES ON NEXT PAGE...



**Division of Professional Regulation**  
**1511 Pontiac Avenue**  
**Cranston, RI 02920**  
**Telephone (401) 462-8533 | [www.dlt.ri.gov](http://www.dlt.ri.gov)**

21. Have you read and do you understand the provisions of Title 5, Chapter 57 of the General Laws of Rhode Island pertaining to the regulation of alarm businesses and agents?                      Yes                      No

22. List all alarm branches or locations other than principal office where alarm business will operate in Rhode Island:

\_\_\_\_\_

Branch Address (Street, City, State, Zip) Telephone Number

\_\_\_\_\_

Branch Address (Street, City, State, Zip) Telephone Number

23. If business is a CORPORATION please complete this section in full:

Date of incorporation: \_\_\_\_\_ Place of incorporation: \_\_\_\_\_

List Principal officers of corporation and owners of 25% or more of stock:

\_\_\_\_\_

Name Address Position or Title Telephone Number

\_\_\_\_\_

Name Address Position or Title Telephone Number

24. Complete the following questions by checking the appropriate box. Explain any "yes" answers in detail on separate sheet (s) of paper and attach statement to this application.

Have you ever been refused, suspended, or revoked a license, permit or identification card to operate an alarm business or to act as an agent of such business in this or in any other state or lawful jurisdiction?                      Yes                      No

Has any individual, firm, partnership, corporation, or organization with which you are now or have been associated in any capacity, had an alarm business or alarm agent license, permit, or identification card refused, suspended, or revoked?  
                     Yes                      No

Has any owner, partner, director, officer, member, or stockholder of applicant or applicant's alarm business ever had a license to operate as an alarm business or operate as an agent of an alarm business refused, suspended, or revoked?  
                     Yes                      No

Have you ever been (1) indicted for and/or convicted of any crime other than a minor traffic violation, or (2) been indicted for and/or convicted of any felony or misdemeanor, or (3) convicted of any crime or moral turpitude, misrepresenting products or services or misappropriating or unlawfully converting monies of others?                      Yes                      No

Have you knowledge of any individual associated with the applicant alarm business, either owner, partners, or principal corporate officer of the applicant or applicant's business, being indict or convicted of any offense in any of the above.  
                     Yes                      No

APPLICATION CONTINUED ON NEXT PAGE...



**Division of Professional Regulation**  
1511 Pontiac Avenue  
Cranston, RI 02920  
Telephone (401) 462-8533 | [www.dlt.ri.gov](http://www.dlt.ri.gov)

The Undersigned hereby apply/applies for license pursuant to the provisions of Title 5, Chapter 57 of the General Laws of Rhode Island and make (s) oath to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements hereto attached.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant  
(Individual, owner, general partner, or principal officer)

X \_\_\_\_\_ Date \_\_\_\_\_  
Co-signatory  
(Authorized individual if signatory is non-resident or is not employed in Rhode Island)

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

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

**APPLICATION CONTINUED ON NEXT PAGE...**



**Division of Professional Regulation**  
1511 Pontiac Avenue  
Cranston, RI 02920  
Telephone (401) 462-8533 | [www.dlt.ri.gov](http://www.dlt.ri.gov)

**EXPERIENCE AFFIDAVIT**

**INSTRUCTIONS:**

1. Applicant shall not complete this form. It shall be completed by citizens who can verify that the applicant or individual, owner, officer, manager, partner, or employee of the applicant fulfilling the experience requirement, has been engaged or employed in an alarm business in sales, installation, or service for an aggregate period of three (3) years prior to filing an application for an alarm business license. The person who satisfies this experience requirement must, by law, devote a substantial amount of his/her daily business or work time to engaging in and/or supervising the sale, installation, or servicing of alarm systems on behalf of the applicant.
2. Each person wishing to satisfy the experience requirement for any alarm business license must supply two (2) separate affidavits detailing his/her experience in this field. If the person has three (3) years of experience or a combination thereof from more than one state, two (2) affidavits will be required from each state where the person practiced or operated in an alarm business.

This is to certify and state that \_\_\_\_\_,  
(APPLICANT'S NAME)

performed the services of: \_\_\_\_\_

Dates the above listed services were performed: \_\_\_\_\_  
FROM TO

Name of person making affidavit: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_ X \_\_\_\_\_  
Date Signature of person making affidavit

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

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

Seal of Notary Public

**APPLICATION CONTINUED ON NEXT PAGE...**



**Division of Professional Regulation**  
**1511 Pontiac Avenue**  
**Cranston, RI 02920**  
**Telephone (401) 462-8533 | [www.dlt.ri.gov](http://www.dlt.ri.gov)**

**EXPERIENCE AFFIDAVIT**

**INSTRUCTIONS:**

1. Applicant shall not complete this form. It shall be completed by citizens who can verify that the applicant or individual, owner, officer, manager, partner, or employee of the applicant fulfilling the experience requirement, has been engaged or employed in an alarm business in sales, installation, or service for an aggregate period of three (3) years prior to filing an application for an alarm business license. The person who satisfies this experience requirement must, by law, devote a substantial amount of his/her daily business or work time to engaging in and/or supervising the sale, installation, or servicing of alarm systems on behalf of the applicant.

2. Each person wishing to satisfy the experience requirement for any alarm business license must supply two (2) separate affidavits detailing his/her experience in this field. If the person has three (3) years of experience or a combination thereof from more than one state, two (2) affidavits will be required from each state where the person practiced or operated in an alarm business.

This is to certify and state that \_\_\_\_\_,  
 (APPLICANT'S NAME)

performed the services of: \_\_\_\_\_

Dates the above listed services were performed: \_\_\_\_\_  
 FROM TO

Name of person making affidavit: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_ X \_\_\_\_\_  
 Date Signature of person making affidavit

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

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

Seal of Notary Public