



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**DEPARTMENT OF BUSINESS REGULATION**  
**DIVISION OF COMMERCIAL LICENSING**  
**and Racing and Athletics**  
**233 Richmond Street, Suite 230**  
**Providence, RI 02903**

**Telephone (401) 222-2416**  
**FAX (401) 222-6654**  
**TTY: 711**  
**[www.dbr.state.ri.us](http://www.dbr.state.ri.us)**

## APPLICATION AND INSTRUCTIONS FOR ALARM AGENT LICENSE

### ALARM AGENT APPLICANTS SUBMIT THE FOLLOWING:

1. Agent Application
2. \$30.00 License Fee payable to “State of Rhode Island General Treasurer”
3. Two (2) Personal Reference Forms
4. Two (2) Color Photographs (1X1) Full Face for I.D. Card
5. Criminal History Record (“CHR”)

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

**RESIDENTS:** 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 150 South Main Street, Providence, 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 Business Regulation (“DBR”) for your Alarm License.
- The cost to process the fingerprint cards and national CHR in person is: Thirty-five dollars (\$35.00) Payable by check or money order to: “BCI”

**Non-Residents: Two completed fingerprint cards must accompany your application to DBR with A \$30.00 fingerprint card processing fee made payable by check or money order to the Rhode Island Attorney General -BCI.**

**Please note:** Your CHR results will be forwarded directly to DBR. 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 DBR for a fee of \$2.00 per copy, or you may download them from our website listed above.*



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**APPLICATION FOR ALARM AGENT LICENSE**

CATEGORY OF APPLICANT : (Check all that apply.)

\_\_\_\_\_ Resident. I have applied for my CHR at the Attorney General's Office on \_\_\_\_\_. (Date fingerprinted)

\_\_\_\_\_ Non-Resident. I have enclosed two fingerprint cards and \$30.00 fee payable to BCI for processing of fingerprint cards.

\_\_\_\_\_ Alarm Agent. Any individual employed by an alarm business, 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 applicant is married female. If you have ever legally changed your name, state former name and give date, place, and court where 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. Employment Record. List chronologically all employment within the last 3 years.

**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

ALARM AGENT APPLICATION CONTINUED...

14. 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.

15. Has Employing alarm business issued a temporary I.D. card to applicant? If yes, state date of issuance and card number.

Date of Issuance: \_\_\_\_\_ Card Number: \_\_\_\_\_

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

Table with 5 columns: Date, Place and Department, Charge, Final Disposition, Details. Includes a horizontal line for data entry.

17. 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. \_\_\_\_\_

18. 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.

X \_\_\_\_\_ Signature of Applicant Date

+++++

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

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



**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: \_\_\_\_\_

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.



**PERSONAL REFERENCE FORM**

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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?

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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: \_\_\_\_\_

\_\_\_\_\_

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

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