

New

Renewal

License Section Alarm Agent Application



DEPARTMENT OF
PUBLIC SAFETY

Lic. No _____

Applicant Information

Full Name _____
First Middle Last

Residence Address _____
Number Street Name

City State Zip

Local Address _____
Number Street Name

City State Zip

Drivers License # _____ Place of Birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Phone: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____

Are You a Citizen of the U.S.? _____ A Legal Alien? _____ Alien Registration # _____

List all theft or felony convictions, anywhere in the United States, within the past ten (10) years. If none write "none":

Are you on felony probation or parole? _____ If yes, date began: _____

Have you had a Columbus license/permit revoked, suspended, or refused within the last three (3) years? _____

THIS SECTION MUST BE FILLED OUT BY EMPLOYER*

Employer's Company: _____ Alarm Dealer License #: _____

Employer's Address: _____

Employer's Signature: _____ Print Name / Title _____

Email: _____ Phone: _____

* Person signing form must be listed on Alarm Dealer license as company representative or have approval on file from company's headquarters in order to sign off on application

OVER

All information in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial or future revocation of this permit, as well as criminal prosecution under Chapter 2321.13 (A-3)(A-5) and Chapter 597, Columbus City Code.

STATE OF OHIO, COUNTY OF FRANKLIN:

_____, being duly sworn, deposes and says he or she is the

(Applicant Name - Print)

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be license; that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

(Applicant Signature)

Swore to before me and subscribed in my presence this _____ day of _____, 20_____

Notary or Agent of Director of Public Safety