

MONTANA BOARD OF PRIVATE SECURITY

301 South Park
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2348 FAX (406) 841-2309
EMAIL: dlibsdp@mt.gov
WEB SITE: www.privatesecurity.mt.gov

SECURITY COMPANY INSTRUCTIONS (application follows)

Please allow 21 to 30 days to process a complete application from the time it is received in the board office. If the application is incomplete, the application process will be delayed.

LICENSING REQUIREMENTS:

- ✓ Applicant must submit completed application form and fees
- ✓ Applicant must submit proof of registration with the Montana Secretary of State of Montana
- ✓ Applicant must submit copy of certificate of liability insurance
- ✓ Applicant must submit of employee training program
- ✓ Applicant must submit photos of all four sides of employee uniforms (if applicable)

FEES FOR LICENSURE:

Contract Security Company	\$200.00
Proprietary Security Company	\$200.00
Electronic Security Company	\$200.00

Make check or money order payable to the Montana Board of Private Security

Application fees are non-refundable

DO NOT SEND CASH

REGISTRATION WITH THE SECRETARY OF STATE:

- A firm, company, association, partnership, limited liability company, corporation, or other entity that intends to engage in business governed by the provisions of this chapter must be incorporated under the laws of this state or qualified to do business within this state and must be licensed by the board.
- Applicants must provide proof of registration with the Montana Secretary of State's office and provide the following information:
 - for individual ownership, the name of the owner and the owner's address;
 - for a partnership, a list of partners and their addresses;
 - for a limited liability company, a list of the members and their addresses; or
 - for a corporation, a list of principal officers and their addresses.

INSURANCE REQUIREMENTS:

- Electronic security companies shall maintain a minimum of \$500,000 occurrence form of commercial general liability which includes personal injury and errors and omissions coverage.
- Contract and proprietary security companies shall maintain a minimum of \$500,000 occurrence form of commercial general liability which includes personal injury.
- Must provide a copy of a certificate of liability release requesting the insurance carrier to inform the board if the coverage is canceled or allowed to lapse.

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SECURITY COMPANY APPLICATION

Fees for licensure:

Contract Security Company	\$200.00
Proprietary Security Company	\$200.00
Electronic Security Company	\$200.00

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Indicate below which license type you are applying for:

- Contract Security Company
- Electronic Security
- Proprietary Security Company

Business Name _____ DBA _____

Tax ID or Social Security Number _____

State of Incorporation _____

Business Address (head office) _____

Business Address in Montana (if different than head office) _____

Business Phone _____ Business Email _____

Business Fax _____

Name of Resident Manager _____ Resident Manager's Phone _____

List your business structure (LLC, partnership, etc.): _____

Have you included proof of registration with the Montana Secretary of State's office?..... Yes No

Have you included the following information with the application..... Yes No

- (a) for individual ownership, the name of the owner and the owner's address;
- (b) for a partnership, a list of partners and their addresses;
- (c) for a limited liability company, a list of the members and their addresses; or
- (d) for a corporation, a list of principal officers and their addresses.

Have you included proof of insurance with the application..... Yes No

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Private Security Patrol Officers and Investigators.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana license is issued to me, I agree to conduct myself in accordance with the laws of Montana and the rules of the Board of Private Security Patrol Officers and Investigators.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____, _____ at

City/State

SEAL

Notary Public Signature

Notary Public Printed Name

For the State of _____

My commission expires _____, _____.