



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

ALARM AGENT IDENTIFICATION CARD RENEWAL

- THIS IS A BIENNIAL LICENSE. (2 YEARS)
- LICENSE FEE IS **\$15.00**, MAKE CHECK PAYABLE TO: RI DLT
- ANSWER ALL QUESTIONS FULLY AND TRUTHFULLY.

AGENT NAME _____		LICENSE # _____	
HOME ADDRESS _____		PHONE # _____	
_____		DATE OF BIRTH _____	
U.S. CITIZEN _____	SOCIAL SECURITY # _____	PLACE OF BIRTH _____	
EMAIL: _____			
HEIGHT _____	WEIGHT _____	COLOR OF EYES _____	COLOR OF HAIR _____
EMPLOYING ALARM BUSINESS _____		DATE OF EMPLOYMENT _____	
BUSINESS ADDRESS _____		BUSINESS PHONE # _____	
_____		_____	

HAVE YOU, THE SIGNATOR OF THIS APPLICATION, EVER BEEN CONVICTED IN ANY JURISDICTION OF A FELONY OR MISDEMEANOR, OR HAVE YOU EVER BEEN DENIED, SUSPENDED OR REVOKED AN ALARM AGENT, GUARD, OR PRIVATE INVESTIGATOR LICENSE, PERMIT, I.D. CARD OR BUSINESS LICENSE IN THIS OR IN ANY OTHER LAWFUL JURISDICTION? IF YES, PLEASE EXPLAIN ON A SUPPLEMENTAL SHEET OF PAPER AND ATTACH TO THIS APPLICATION OR EXPLAIN ON THE REVERSE SIDE OF THIS APPLICATION.

YES NO

THE UNDERSIGNED HEREBY APPLIES FOR RENEWAL OF HIS/HER ALARM AGENT I.D. CARD SUBJECT TO THE PROVISIONS OF TITLE 5, CHAPTER 57 OF THE GENERAL LAWS OF RHODE ISLAND, AND MAKES OATH TO THE TRUTH AND ACCURACY OF ALL STATEMENTS, ANSWERS, AND REPRESENTATIONS MADE IN THIS APPLICATION, INCLUDING ALL SUPPLEMENTARY STATEMENTS HEREBY ATTACHED.

X _____
 SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO _____, AT _____,
 THIS _____ DAY OF _____, 20_____.

X _____ COMMISSION EXPIRES: _____
 SIGNATURE OF NOTARY PUBLIC