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 _____

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 THEPROVISIONS 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

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SUBSCRIBED AND SWORN TO _____, AT _____,

THIS _____ DAY OF _____, 20_____.

X_____ COMMISSION EXPIRES: _____
SIGNATURE OF NOTARY PUBLIC