



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

RENEWAL INSTRUCTIONS FOR ALARM BUSINESS LICENSE

TO AVOID DELAY, READ ALL INSTRUCTIONS CAREFULLY.

Please type or print neatly.

Each question must be fully and truthfully answered. Any material misrepresentation will be grounds for refusal or subsequent revocation of the Agency License and Agent I.D. Cards.

Each application for license must be accompanied by the required \$50 application fee, AND the license fee of \$300. Total fee is \$350.
Make payment payable to: Rhode Island, General Treasurer.

You must submit proof of continuation of Bond (i.e., copy of the invoice from your insurance company that shows you paid the current bond renewal premium or a continuation certificate from the insurance company).

PLEASE CALL IF YOU HAVE ANY QUESTIONS.



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APPLICATION FOR ALARM BUSINESS RENEWAL

APPLICATION FEE \$50 LICENSE FEE \$300 TOTAL FEE \$350

ALARM BUSINESS: _____ LICENSE # _____

NAME OF QUALIFYING AGENT: _____ EXPIRES: _____

ADDRESS: _____ FEIN # _____

LIST ANY BRANCH LOCATIONS: _____

NORMAL BUSINESS HOURS: _____ DAYS OF OPERATION: _____

BUSINESS TELEPHONE #: _____

DO YOU MAINTAIN 24 HOUR EMERGENCY SERVICE? YES NO

NAME OF COMPANY SUPPLYING BOND: _____

BOND EXPIRATION DATE: _____ BOND NUMBER: _____

INDIVIDUAL MAKING AND SIGNING APPLICATION ON BEHALF OF BUSINESS

The undersigned hereby applies for renewal alarm business license pursuant 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 supplementary statements hereto attached.

NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____ DATE OF BIRTH: _____

_____ PLACE OF BIRTH: _____

PHONE NUMBER: _____

Signature of Applicant

Check title that applies: Individual Owner General Partner Principal Officer Qualifying Agent

Have you, the signatory of this application, ever been convicted in any jurisdiction of a felony or misdemeanor, or, to the best of your knowledge and information, have any owners, partners, or principal corporate officers of the applicant alarm business, including those not residing in this state, ever been convicted in any jurisdiction, of a felony or misdemeanor?

YES NO

If the answer is yes, list name of individual, charge, court of jurisdiction, date of conviction, penalty imposed, final disposition, if any, on a separate sheet of paper and attach it to this application.

Subscribed and sworn this _____, day of _____, 20 ____.

Signature of Notary Public _____ Commission Expires: _____