



**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](http://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 #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DO YOU MAINTAIN 24 HOUR EMERGENCY SERVICE?     YES     NO

NAME OF COMPANY SUPPLYING BOND: \_\_\_\_\_

BOND EXPIRATION DATE: \_\_\_\_\_ BOND NUMBER: \_\_\_\_\_

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**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: \_\_\_\_\_

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 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.

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 Subscribed and sworn this \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_.

Signature of Notary Public \_\_\_\_\_ Commission Expires: \_\_\_\_\_