

**LOUISIANA STATE BOARD OF PRIVATE SECURITY EXAMINERS
15703 OLD HAMMOND HIGHWAY
BATON ROUGE, LA 70816
(888) 446-9463**

(225) 272-2310

(225) 272-5816

APPLICATION FOR CHANGE OF QUALIFYING AGENT

Please print or type all information. (No Pencil)

Qualifying Agent Name:			
Company Name (as it appears on license):			
Office Street Address:			
City:	State:	Zip Code:	Phone Number:
P.O. Box Number:			
City:	State:	Zip Code:	
Email Address:			

1. PRESENT HOME ADDRESS

Home Street Address:			
City:	State:	Zip Code:	Phone Number:
P.O. Box Number:			
City:	State:	Zip Code:	Phone Number:

LIST HOME

ADDRESSES FOR THE PAST FIVE (5) YEARS, STARTING WITH THE MOST CURRENT ADDRESS.

Street Address	City	State	Zip	From	To

2. DATE APPLICATION SUBMITTED TO THE BOARD: _____

QUALIFYING AGENT

Social Security Number	HT	WT	Race	Sex	D.O.B.	Driver License Number
Place of Birth (City / State)					Are you a citizen of the United States? () YES () NO	
Military Service () YES () NO		Military Service Dates			Types of Discharge	
Please furnish a copy of your DD214, If applicable.						

BACKGROUND INFORMATION

	YES	NO
Have you ever been treated for mental illness?		
Have you ever been addicted to drugs?		
Have you ever been addicted to alcohol?		
If you have answered "Yes" to any of these questions, explain below.		
Have you ever been convicted of a crime?		
If you answered "Yes", list any and all convictions. Include traffic violations D.W.I. / D.U.I., but not minor traffic offenses. Show date and places of convictions.		

LIST EMPLOYERS, STARTING WITH THE MOST CURRENT, FOR THE PAST 5 YEARS

Dates	Employer	Your Title	Supervisor

3. THIS CHECK LIST IS FOR YOUR CONVENIENCE TO INSURE QUALIFYING AGENT HAS SUBMITTED ALL REQUIRED DOCUMENTATION.

- Application filled out in its entirety and notarized
- Recent photograph, passport size and quality
- 2 Fingerprint cards
- "Authorization to Disclose Criminal History Records Information" forms
- Resume
- Letter from company stating that applicant will be covered under the company general liability insurance as qualifying agent
- Three letters of recommendation from people not related by blood or marriage that have known qualifying agent for at least 5 years
- Copy of DD214, if applicable
- Inquiry waiver filled out in its entirety and notarized
- Appropriate fees to be paid by credit card over the phone:
 - Application Fee: \$30.90**
 - Examination Fee: \$61.80**
 - Fingerprint Fee: \$50.73**
 - Reexamination Fee: \$30.90**

I CERTIFY AND DECLARE THAT I am good moral character and that all information contained in this application is true and correct. I understand that any willful omission or falsification of pertinent information required in this application is justification for the denial, suspension, or revocation of a license by the Board.

I FURTHER CERTIFY AND DECLARE THAT if granted a license by the Board, I will abide by the rules, regulations and procedures of the Board and will notify the Board of any change in the ownership, management, or control of the business, which might affect the holding of a license.

FURTHERMORE, I CERTIFY AND DECLARE THAT I have read the Louisiana State Board of Private Security Law and Rules and that if my business is granted a license by the Board, all security personnel will be properly registered within the prescribed time limits and that security training will be completed within the prescribed time limits.

Signature of Applicant	Title	Date Signed
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Sworn to and subscribed before me this _____ Day of _____, 20_____

Notary of Public	Commission expiration date
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Notary Seal Here

FOR BOARD USE ONLY

REVIEWED BY: _____

DATE: _____

Comments: _____

DATE: _____

APPROVED

DENIED

Comments: _____

DATE RECEIVED AT BOARD OFFICE (Stamp date below)