

2024 / 2025

Individual License Application

Alabama Electronic Security Board of Licensure

7956 Vaughn Road, PMB 392 Montgomery, Alabama 36116

No Staples Please
Paper Clips Only

Individual's Name _____
First Middle Last

Were you licensed by AESBL in year 2022/23? _____ If yes, provide license # _____
(answer yes or no)

Date of Birth _____ Social Security Number _____
(Required by Code of Alabama 1975 Section 30-3-194 (a))

Employed By (Name of Company) _____

Company (Office or Branch) Address _____

City/State/Zip Code _____

Employee's Home Address _____

City/State/ZipCode _____

Phone Number _____ Date of Employment _____

Fees for Individual - \$50.00 for 2 years

This application must be accompanied by a **company or cashier's check, money order, or credit/debit card** in the **proper amount** made payable to AESBL.

See AESBL Licensing Fee Schedule Page #4 (check all that apply but pay only first one checked)

____ Burglar Alarm Installer ____ Locksmith ____ Helper
____ Salesperson ____ CCTV Installer ____ Administrative
____ Monitoring Station Operator ____ Electronic Access Control Installer

Pictures: Enclose a **passport size photo** with your name on the back of the picture for ID badge.

****IF YOU FALSIFY THE FOLLOWING RESPONSE, YOUR APPLICATION ****
FOR LICENSE MAY BE AUTOMATICALLY DENIED!

Criminal Background Check: (**INITIAL ONE (1) RESPONSE ONLY**, See Instructions.)

***** READ CAREFULLY *****

I certify that **I have not been arrested or convicted** of a crime other than a traffic violation ____.

(Initial)

I certify that **I have been arrested or convicted** of a crime other than a traffic violation ____.

(Initial)

Initial only
ONE
response

Have you ever had any business license revoked? yes or no ____
(If yes provide written explanation and attach to Application.)

Applicant Signature: _____ Date: _____

*QA Signature: _____ Date: _____

Or Authorized Official
(Must have two witnesses **OR** notary)

Witness _____
Address _____
City/ State/Zip _____

Sworn to and subscribed before me on this
_____ day of _____, 20__ .

Witness _____
Address _____
City/State/Zip _____

NOTARY PUBLIC
My Commission expires _____