

2025 / 2026

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 2023/24? _____ 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)

- | | | |
|--|--|---|
| <input type="checkbox"/> Burglar Alarm Installer | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Helper |
| <input type="checkbox"/> Salesperson | <input type="checkbox"/> CCTV Installer | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Monitoring Station Operator | <input type="checkbox"/> 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 _____