

# **ALABAMA ELECTRONIC SECURITY BOARD OF LICENSURE**

RT MANAGEMENT, INC. - CONTRACTOR



## **2026/2027 APPLICATION PACKET**

### **DEADLINE FOR RENEWAL**

**December 31, 2025**

PLEASE SEE THE AESBL INFORMATION PACKET FOR ADDITIONAL  
LICENSING INSTRUCTIONS.

## AESBL Holiday Office Hours

In anticipation of companies/individuals renewing at the end of the year, we are publishing our office hours for Christmas and New Year's so that licensees will know our availability ahead of time.

Therefore, at the end of the year, if you need help with renewal applications or have any questions, please contact our office *in advance* so that we may be of assistance. Renewals must be postmarked by December 31, 2025, in order to not be considered late. You may drop off packets at our physical office at 465 Cotton Gin Road in Montgomery, Alabama; but if the office is closed for the holidays, you may drop them off at our secure mailbox at the UPS Store at 7956 Vaughn Road, PMB 392 in the Sturbridge Shopping Center.

Please note that during the busy renewal period, all applications are processed in the order that they are received. If your company and QA applications are *INCOMPLETE*, you will be considered *UNLICENSED*. Per a state Legal Compliance Audit in December 2021, the AESBL does *NOT* have a grace period beyond the December 31<sup>st</sup> deadline for renewals.

### CHRISTMAS:

Monday, December 22<sup>nd</sup> – open 8:00 am – 3:30 pm

Tuesday, December 23<sup>rd</sup> – open 8:00 am – **12:00 pm**

Wednesday, December 24<sup>th</sup> – CLOSED

Thursday, December 25<sup>th</sup> – CLOSED

Friday, December 26<sup>th</sup> – CLOSED

### NEW YEAR'S:

Tuesday, December 30<sup>th</sup> – open 7:30 am – 3:30 pm

Wednesday, December 31<sup>st</sup> – CLOSED

Thursday, January 1<sup>st</sup> – CLOSED

Friday, January 2<sup>nd</sup> – open 7:30 am – **12:00 pm**



# Checklist for Required Items

Below is an easy checklist for required items when submitting applications for licensure. It is recommended that items be submitted in the order listed and paperclipped together.

Please do not staple applications.

## COMPANY APPLICATION:

- Company application form (page 4)
- Required fees (page 17)
- Proof of \$250k (minimum) general liability insurance
  - Company/DBA name must be listed as it is on the licensing application.
  - Company's physical address must be listed.
  - The AESBL should be listed as a certificate holder.
- Business license from the State of Alabama or any city or county in Alabama
- Certificate of Authority to do business in Alabama issued by the Alabama Secretary of State's Office and Registered Agent's information. (Only applies to new companies that are located out of state)

## QUALIFYING AGENT APPLICATION:

- Qualifying Agent application form (page 5)
  - Initial one response only under Criminal Background Check.
  - Application must be signed and notarized/witnessed.
- Required fees (AESBL and ALEA) (page 17)
- Two passport sized photos with applicant's name on back of photos
- Certification training certificate(s) – (new applicants)
- Continuing Education certificates and CEU Reporting Form (page 7)
- ALEA forms for background check (pages 8 and 9)
- Two completed fingerprint cards (DO NOT BEND OR FOLD CARDS)
- Copy of current driver's license (ALEA will not accept an expired license)

## INDIVIDUAL APPLICATION:

- Individual application form (page 6)
  - Initial one response only under Criminal Background Check.
  - Application must be signed and notarized/witnessed.
  - Qualifying Agent must sign the individual's application.
- Required fees (AESBL and ALEA) (page 17)
- Two passport sized photos with applicant's name on back of photos
- Certification training certificate(s) – (new applicants)
- Continuing Education certificates and CEU Reporting Form (page 7)
- ALEA forms for background check (pages 8 and 9)
- Two completed fingerprint cards (DO NOT BEND OR FOLD CARDS)
- Copy of current driver's license (ALEA will not accept an expired license)

2026 / 2027

Company License Application

Alabama Electronic Security Board of Licensure

7956 Vaughn Rd., PMB 392

Montgomery, Alabama 36116

phone # 334-557-0983~ fax # 334-557-0978~ e-mail administrative@aesbl.alabama.gov

~website www.aesbl.alabama.gov~

Company Name: \_\_\_\_\_ AESBL #: \_\_\_\_\_

Company Physical Address: \_\_\_\_\_

(Please advise AESBL if there is a privacy issue with publishing this address.)

City/State/Zip Code: \_\_\_\_\_

What Alabama county is your company physically located in? \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Company Phone #: \_\_\_\_\_ Company Fax #: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_ Direct Phone Number: \_\_\_\_\_

Company E-mail Address: \_\_\_\_\_

SEE 2026/2027 AESBL LICENSING FEE SCHEDULE (Page# 17)

\_\_\_ First Time Admin Fee or Name Change Fee \$150.00

PLUS

\_\_\_ Company (Incorporated, LLC, or LP) ..... License Fee \$400.00

OR

\_\_\_ Company (Sole Proprietorship/non-incorporated partnership) . . License Fee \$300.00

OR

\_\_\_ Company Branch Office Annual Fee (No Administrative Fee Required) \$400.00

If you did not obtain a license in 2024/2025 please enter the date (month, day, year) that the company was started \_\_\_\_\_

Provide AESBL a copy of the company's most recent business license issued by an Alabama city or county.

Have you ever had any business license revoked? \_\_\_yes \_\_\_no (If yes, explain why and attach to application.)

Electronic

Company Type: Burglar Alarm \_\_, Monitoring \_\_, CCTV \_\_, Access Control \_\_, Locksmith \_\_

Check all that apply.

Following items must be enclosed for application to be considered complete:

\_\_\_ Certificate of Insurance? (This must show expiration dates.)

\_\_\_ Copy of Alabama business license?

\_\_\_ Check or Money Order in Proper Amount Made Out to AESBL?

\_\_\_ Employees' Applications, Copies of current Training Certificates or CEU's, current Pictures and Fees?

\_\_\_ ALEA Criminal History Information Release Forms, FBI fingerprint cards, and processing fees?

Qualifying Agent's Name (Print) \_\_\_\_\_

I certify the information provided on this application and enclosed materials are true and correct to the best of my knowledge.

Date \_\_\_\_\_ Authorized Official's Signature \_\_\_\_\_

Authorized Official's Social Security Number \_\_\_\_\_

(Required by Code of Alabama 1975 Section 30-3-194 (a))



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No Staples Please  
Paper Clips Only**Qualifying Agent License Application****Alabama Electronic Security Board of Licensure**

7956 Vaughn Road, PMB 392 Montgomery, Alabama 36116

Applies for both  
Alarm and  
Locksmith  
CompaniesIndividual's Name \_\_\_\_\_  
First Middle LastWere you licensed by AESBL in year 2024/25? \_\_\_\_\_ 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 Qualifying Agents - \$50.00 or \$100 or \$150 for 2 years (\*see page# 17\*)**

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.

**Education** (Check all that apply and enclose documentation): ESA – NTS: Level 1 \_\_\_\_ Level 2 or ABAT/AISC \_\_\_\_ Locksmith Certification \_\_\_\_ Access Control \_\_\_\_ CCTV \_\_\_\_ CEU's \_\_\_\_ Other \_\_\_\_  
(Provide a copy of your current NTS certificates or documentation of other appropriate training to AESBL.)**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 minor traffic violation \_\_\_\_\_.  
(Initial)I certify that **I have been arrested or convicted** of a crime other than a minor traffic violation \_\_\_\_\_.  
(Initial)Have you ever had any business license revoked? \_\_\_\_ yes or no \_\_\_\_  
(If yes provide written explanation and attach to Application.)

I certify that I am a full time (at least 32 hours per week) employee at the above company location and the information provided on this application and enclosed materials is true and correct to the best of my knowledge and AESBL is authorized to verify any or all information provided.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(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 \_\_\_\_\_Initial only  
ONE  
response

2026 / 2027

TRAINEE ☐Check box if applying for  
6-month trainee status.No Staples Please  
Paper Clips Only**Individual License Application**Alabama Electronic Security Board of Licensure  
7956 Vaughn Road, PMB 392 Montgomery, Alabama 36116Individual's Name \_\_\_\_\_  
First Middle LastWere you licensed by AESBL in year 2024/25? \_\_\_\_\_ 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/Zip Code \_\_\_\_\_

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)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 \_\_\_\_\_Initial only  
ONE  
response



## Alabama Electronic Security Board of Licensure CEU Reporting Form

All CEUs submitted must be approved by the AESBL and listed on our website or must qualify for CEU credit under the guidelines posted on our website.

Qualifying Agents and Installers who do not have current valid NTS Certificates (Level 1, Level 2 or ABAT/Advanced Intrusion Systems Course), Locksmiths, and Salespersons must complete this form to document equivalent Continuing Education Training.

**Biennial minimum required Continuing Education Training. Locksmith only must have 1.6 CEUs or 16 hours. Alarm only must have 1.6 CEUs or 16 hours. Locksmiths licensed for CCTV and /or Access Control must have 2.4 CEUs or 24 hours. Alarm QAs and Installers must have 2.4 CEUs or 24 hours of industry related training. Salespersons only must have 1.6 CEUs or 16 hours.**

To report continuing education training to AESBL, you must complete and sign this form. Attach the original or a valid copy of each training certificate received.

Course Date (include yr.)	Course Title	CEU Course #	Sponsor	CEU's/ Hours Earned

**Total Earned** \_\_\_\_\_

By signing and submitting this form, I certify that the information contained is complete, accurate, and the courses attended were qualified industry related topics. I understand that all credits are subject to verification by AESBL. **By falsifying any of this information, I understand that I can face monetary penalties up to \$1000 per violation and/or possible revocation of license.**

Print Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**LICENSEE'S/ APPLICANT'S AUTHORIZATION FOR A CRIMINAL BACKGROUND CHECK AND/OR REQUEST TO  
CHANGE, CORRECT, OR UPDATE THEIR CRIMINAL HISTORY**

\_\_\_\_\_, hereby authorizes the Alabama Electronic  
(printed name)  
Security Board of Licensure (hereinafter "AESBL") to receive my criminal history information  
to determine my suitability for licensure. I understand that my fingerprints will be utilized to  
conduct a federal and state criminal background check and that the AESBL is authorized to  
conduct the criminal background check pursuant to Alabama Code Section 34-1A-5(d)(2a) and  
Alabama Code Section 34-1A-5(d)(2b). I, being of sound mind and legally competent, hereby  
authorize the AESBL to obtain any and all criminal history information on said applicant from the  
ALEA and/or FBI.

\_\_\_\_\_  
As set forth in Title 28 CFR, Section 16.34, I understand that I, as an applicant or renewal  
licensee, may challenge or appeal any portion of my Criminal History Record Information (CHRI)  
that I believe to be incomplete or inaccurate by contacting the Records & Identification Division  
located within ALEA at 334-353-4340. I understand that inquiries may also be made into my  
history of controlled substance or alcohol abuse, and into my fitness to enter or remain in the  
Alarm or Locksmith profession.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## ALABAMA LAW ENFORCEMENT AGENCY

## APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



## PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): \_\_\_\_\_ Sex/Gender: ☐ Male ☐ Female

Aliases/Nickname: \_\_\_\_\_

Applicant Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY) Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Race: ☐ White ☐ Black ☐ Asian ☐ Indian ☐ Other (please specify) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

## WORK INFORMATION

Employer Name: \_\_\_\_\_ Employer Phone: ( ) \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contractor Phone: ( ) \_\_\_\_\_

State Agency: \_\_\_\_\_ Agency Phone: ( ) \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Job Role/Classification: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

## Included with my Release are the following items:

- ☐ Completed Application signed by applicant and two witnesses OR notarized.
- ☐ The required copy of my valid photo identification.
- ☐ A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- ☐ If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.
- ☐ **PERSONAL REQUESTS ONLY:** The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

## AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

AL Electronic Security Board of Licensure, 7956 Vaughn Road, PMB 392, Montgomery, AL 36116

Name &amp; Address of Requesting Agency or Authorized Agent\*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Witness \_\_\_\_\_ Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_ Address of Witness \_\_\_\_\_

City, State and Zip \_\_\_\_\_ City, State and Zip \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_, 20\_\_\_\_.

## FOR ALEA OFFICIAL USE ONLY: TCN: \_\_\_\_\_

SID: AL \_\_\_\_\_

Received By (Initials): \_\_\_\_\_/Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Processed By (Initials): \_\_\_\_\_/Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Walk-in/Hand Delivered ☐ Mailed ☐ Status: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_












Billed: \_\_\_\_\_ Paid: \_\_\_\_\_ No Charge: \_\_\_\_\_

Check#: \_\_\_\_\_

Background Check Qty: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Certified Letter Qty: \_\_\_\_\_ Total: \$ \_\_\_\_\_



APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
NAME		DATE		TIME		DATE	
John Doe		Doe		John		Jack	
123 Locksmith Lane Montgomery, AL 36117		AL9200302		ELEC SECURITY BD LIC		MONTGOMERY, AL	
01/01/70 Official Signature		01 23 1970		M W 6'0 200 BEN BEN		Alabama	
Security Company, Inc. 456 Street Address Montgomery, AL 36117		123-45-6789					
Security Licensure AIC-34-1A-5							
							
							
							



## **FBI FINGERPRINT CARDS**

**The following information must be completed before ABI/FBI will accept fingerprint cards for background checks:**

- 1. Top of card-middle section-Last Name, First Name and Middle Name**
- 2. Left section – Signature of Person Fingerprinted**
- 3. Residence of Person Fingerprinted**
- 4. Date and Signature of Official Taking Fingerprints**
- 5. Employer and Address of Person Fingerprinted (Your Employer)**
- 6. Middle section – Social Security Number**
- 7. Right section – Sex, Race, Height, Weight, Eye Color, Hair Color, Place of Birth**
- 8. Right section – Date of Birth**

**\*\*\*IF AN INDIVIDUAL APPLICANT DOES NOT SUBMIT FOR RENEWAL BY JANUARY 31, 2026, THEY ARE CONSIDERED A NEW APPLICANT AND MUST PAY FOR A FULL BACKGROUND CHECK THROUGH ALEA/FBI (\$37.00)\*\*\***

**ABI/FBI WILL NOT ACCEPT FOLDED CARDS**

**ALEA fees can be paid by company check, cashier's check, money order, or debit/credit card. All fees should be a separate payment and made payable to ALEA.**

ALABAMA LAW ENFORCEMENT AGENCY/CRIMINAL JUSTICE SERVICES DIVISION  
**CONSENT TO CONDUCT BACKGROUND CHECK OF A MINOR**



*\*This form must be completed by a parent of legal guardian\**

Date \_\_\_\_\_

\_\_\_\_\_ minor (name), is requesting a background check.

I, \_\_\_\_\_, parent or legal guardian, consent and authorize the Alabama Law Enforcement Agency to conduct a background check on the above-referenced minor. As the parent or legal guardian, I understand the purposes of this background check and hereby provide my consent for the background check.

**AUTHORIZATION:**

By signing below, I hereby certify that I am the parent or legal guardian of the above-referenced minor and that I consent to the background check.

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Minor's Date of Birth (for identification purposes only)

\_\_\_\_\_  
Parent or Legal Guardian Telephone #

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Date



## **REQUIRED FOR NEW APPLICANTS ONLY**

### **AFFIDAVIT OF APPLICANT**

\_\_\_\_\_, on oath, do promise and swear that,  
*Printed Name of Applicant*

In accordance with the Alabama Immigration Law ALL new applicants and ALL renewal applications received on or after October 1, 2011 must provide, with their online or mail-in application, a notarized affidavit with a copy of one (1) of the documents stated in HB56, Section 29(k) or HB56, Section 3(10).

ALL applicants or renewal applicants who cannot provide the documentation as provided in HB56, Section 29(k) or HB56, Section 3(10) shall be denied a license. All applicants or renewal applicants who provide documentation of alien status, pursuant to HB 56, Section 3(10), shall be verified through the S.A.V.E. program or the Department of Homeland Security pursuant to 8 U.S.C. §1373. Any applicant not lawfully in the United States shall be denied a license.

It is understood that if I have provided any false documents or, documents not originally issued to me, that my license may be suspended or revoked by the Board at any time.

I hereby state that all the documents provided by me are true and correct copies of documents issued to me by a governmental agency or tribal authority.

I further state that I have been provided a list of the documents that are acceptable to verify my identity and that verify my ability to work and/or reside in the United States. Of the list of documents, I have provided a copy of my \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Applicant*

### **ATTESTATION**

I, \_\_\_\_\_, a notary in the State of \_\_\_\_\_  
(printed name of notary)

hereby attest to the fact the above named individual signed the above affidavit in my presence on

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

My commission expires: \_\_\_\_\_

## **REQUIRED FOR ALL NEW APPLICANTS ONLY**

### **AFFIDAVIT OF APPLICANT**

All new applicants for licensing by AESBL must complete the following **Affidavit of Applicant** and submit it to the AESBL along with **ONE** of the **Acceptable Documents** listed on this page. Please submit a **COPY, not ORIGINAL, of one document**. This information is required in addition to all other applications and fees for AESBL licensing.

### **ACCEPTABLE DOCUMENTS**

#### ***HB56, Section 29(k):***

- Driver's license or non-driver's identification card (This would include a STAR ID)
- Birth certificate
- Pertinent Pages of a United States valid or expired passport (must show passport number)
- United States naturalization documents or the number of the certificate of naturalization
- Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto
- Bureau of Indian Affairs card number, tribal treaty card number or tribal enrollment number
- Consular report of birth abroad of a citizen of the United States of America
- Certificate of citizenship issued by the United States Citizenship and Immigration Services
- Certification of report of birth issued by the United States Department of State
- American Indian Card, with KIC Classification issued by the US Department of Homeland Security
- Final adoption decree showing the applicant's name and United States birthplace
- Official United States Military record of service showing the applicant's place of birth in the United States
- Extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States

#### ***HB56, Section 3(10):***

- Valid, unexpired driver's license (This would include a STAR ID)
- Valid, unexpired non-driver identification card
- Valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier
- Valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issue by an entity that requires proof of lawful presence in the United States before issuance
- Foreign passport with an unexpired United States visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States
- Foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer's admission to the United States



**2026/2027**

**REQUIRED MONITORING  
INFORMATION  
Effective January 2, 2013**

Any person or business entity that offers to undertake, represents itself as being able to undertake, or does undertake the monitoring of an alarm system for the public for any type of compensation or, any central station, must, with each renewal application, submit a report which provides the following: (1) the business entity that requested their accounts be monitored as an alarm system installer or dealer and (2) the date the company began monitoring accounts on behalf of the alarm system installer or dealer. **Said list shall not include the individual customers for each alarm system installer or dealer.**

Each report provided to AESBL by the monitoring company to meet this reporting requirement must include the name and address of the alarm system company requesting monitoring services and the date the monitoring company began monitoring accounts for the alarm system company.

**A NEW LICENSE WILL NOT BE ISSUED UNTIL  
COMPLETE INFORMATION HAS BEEN PROVIDED.**

# Items that Slow Down the Licensing Process

If an application is complete, a company/individual can typically be licensed the same day it is processed—pending the ALEA background check.

However, if an application is incomplete, it slows down the process.

Below is a list of missing or incorrect items that slows down the licensing process.

- Application items being copied on the front and back of a page. All required application items should be copied on the front of the page only.
- Applicants not signing their applications
- Applicants not having required items witnessed or notarized
- Qualifying Agents not signing individual applications
- Either not initialing that you have/have not been arrested or initialing both
- Not writing legibly. Please print carefully or type your information.
- Applicant's name not written on the back of photos
- Passport sized photo not cut to the appropriate size
- Photo taped or stapled to application. Please paperclip all items together.
- Not signing fingerprint cards
- Not obtaining signature of person who fingerprinted you
- Not filling out all information required on fingerprint cards
- Only sending one fingerprint card
- Folding or bending fingerprint cards
- Not sending fingerprint cards
- Not sending required ALEA forms (pages 8 and 9)
- Not sending a copy of applicant's driver's license
- Sending an expired or soon-to-be expired driver's license
- Copying multiple driver's licenses on one page. A copy of a driver's license should be one per page and paperclipped to individual's application.
- Not sending copies of approved CEUs or training certifications
- Not sending the required CEU Reporting Form (page 7)
- Not sending proper payment
- Not returning phone calls when called for payment
- Not sending company's current Certificate of Insurance
- Not sending company's business license
- Central Station companies only: Not sending employee's dates of birth, Social Security numbers, affidavits of citizenship, driver's licenses, training certificates, and ALEA documents when needed
- Central Station companies only: Not sending the required list of alarm companies that you monitor for, their address, and the start dating of when you began monitoring for them

**\*\*IT IS IMPERATIVE THAT YOU SUBMIT REQUESTED ITEMS ASAP\*\***



**2026 / 2027 AESBL LICENSING FEE SCHEDULE****Company or Cashier's Check, Money Order,  
Or Credit/Debit Cards**

<b>A. Company:</b>	<b><u>Two-Year</u></b>
First Time Administrative Fee <u>or</u> Company Name Change Fee	\$150.00
<b><u>PLUS:</u></b>	
Company (Incorporated, LLC, or LP) License Fee and Annual Fee	\$400.00
<b><u>- OR -</u></b>	
Company (Sole Proprietorship or non-incorporated partnership) License Fee and Annual Fee	\$300.00
<b><u>- OR -</u></b>	
Company Branch Office Annual Fee <u>(No Administrative Fee Required)</u>	\$400.00

**ADDITIONAL FEES:**

Late Renewal Fee for companies submitted after December 31, 2025	\$500.00
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\*\*\*The \$500 late fee is in addition to the Company, Sole Proprietorship, or Branch Office fee\*\*\*

<b>B. Individuals:</b>	<b><u>Two-Year</u></b>
(1) Qualifying Agent—Burglar Alarm only	\$ 50.00
Add: QA Access Control	\$ 50.00
Add: QA CCTV	\$ 50.00
(2) Qualifying Agent—Locksmith only	\$ 50.00
Add: QA Access Control	\$ 50.00
Add: QA CCTV	\$ 50.00
(3) Burglar Alarm/Access Control/CCTV Installer	\$ 50.00
(4) Locksmith/Access Control/CCTV Installer	\$ 50.00
(5) Salesperson	\$ 50.00
(6) Helper	\$ 50.00
(7) Monitoring Station Operator	\$ 25.00
(8) Administrative	\$ 0.00

\*\*\*\*Please see page# 18 for discounted fee schedule for current renewals only\*\*\*\*

\*\*\*\*Prorated fees may be available. Please check with the AESBL staff\*\*\*\*

*It is the responsibility of the licensee to inquire about adjusted fees. Payment in full will be applied to the company's account and open credit will not be issued.*

**AESBL Fee Schedule**  
**For Current Renewals Only**  
**2026-2027**

COMPANY	June 1 - Aug 31	Sept 1 - Nov 30	December
Company (Incorporated, LLC, or LP)	\$360.00	\$380.00	\$400.00
Company (Branch Office)	\$360.00	\$380.00	\$400.00
Company (Sole Prop./Non-Inc. Partnership)	\$270.00	\$285.00	\$300.00
Admin Fee/Company Name Change Fee	\$150.00	\$150.00	\$150.00
INDIVIDUALS	June 1 - Aug 31	Sept 1 - Nov 30	December
Qualifying Agent - Burglar Alarm only	\$45.00	\$47.50	\$50.00
Add: QA Access Control	\$45.00	\$47.50	\$50.00
Add: QA CCTV	\$45.00	\$47.50	\$50.00
Qualifying Agent - Locksmith only	\$45.00	\$47.50	\$50.00
Add: QA Access Control	\$45.00	\$47.50	\$50.00
Add: QA CCTV	\$45.00	\$47.50	\$50.00
Burglar/Access Control/CCTV Installer	\$45.00	\$47.50	\$50.00
Locksmith/Access Control/CCTV Installer	\$45.00	\$47.50	\$50.00
Salesperson	\$45.00	\$47.50	\$50.00
Helper	\$45.00	\$47.50	\$50.00
Monitoring Station Operator	\$22.50	\$23.75	\$25.00
Administrative	\$0.00	\$0.00	\$0.00

Continuing with the 2026-2027 renewal period, there will be a 10% reduction in applicable fees between June 1, 2025, and August 31, 2025. There will be a 5% reduction in applicable fees between September 1, 2025, and November 30, 2025. The reduced fee amounts end after November 30th. Beginning December 1, 2025, applicable fees will no longer be reduced.

These reduced fees only apply to companies and individuals renewing within their assigned renewal period and to those that have been licensed during the most recent licensing period.

Reduced fees **do not** apply to ALEA fees.



## Credit/Debit Card Payment Form

### (OPTIONAL PAYMENT METHOD)

Please choose one of the following:

- ☐ **I wish to pay by credit/debit card by phone. Please call the following:**

\_\_\_\_\_  
Authorized Official

\_\_\_\_\_  
Phone Number

**OR**

- ☐ **I wish to pay by credit/debit card. Please use the card information below:**

Cardholder Name \_\_\_\_\_

Card Number / Type \_\_\_\_\_

Address (including zip) \_\_\_\_\_

Expiration date \_\_\_\_\_

CVV Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Transaction Amount \$ \_\_\_\_\_

\*Authorized Signature \_\_\_\_\_

\*By signing this form, I authorize RT Management, Inc., acting on behalf of the Alabama Electronic Security Board of Licensure / State of Alabama, to process the above transaction. I understand a receipt will be mailed when processed.

**\*\*\*There is a 3.5% processing fee\*\*\***

**\*\*\*STATE OF ALABAMA will appear as payee on bank/credit card statement\*\*\***

Please note that credit/debit card information is not kept on file by RT Management, Inc. or the AESBL.  
All authorization forms will be shredded.