

No Staples Please
Paper Clips Only

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# 11)

___ 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.)

Company Type: Burglar Alarm __, Monitoring __, CCTV __, Access Control __, Locksmith __
Electronic
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))