TRAINEE ☐

Check box if applying for 6-month trainee status.

RECIPROCITY ☐

Indicate with which approved state are you seeking reciprocity:

LA / MS / TN / SC

2026 / 2027
Individual License Application
Alabama Electronic Security Board of Licensure

7956 Vaughn Road, PMB 392 Montgomery, Alabama 36116

Individual's Name_____
First **Middle** **Last**

Were 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_____

Cell Phone Number _____ Date of Employment _____

Fees for Individual - $60.00 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	**____Elec. Access Control Installer**	**____Vehicle Security Pro.**

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.)
*** * * R E A D C A R E F U L L Y * * ***

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_____