

2026 / 2027

No Staples Please
Paper Clips Only

Qualifying Agent License Application

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

RECIPROCITY

Indicate with which approved state are you seeking reciprocity:

LA / MS / TN / SC

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 Qualifying Agents - \$60.00 or \$120 or \$180 for 2 years (*see page# 11*)

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 (I) 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)

Initial only
ONE
response

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 _____