

2027 / 2028

Qualifying Agent License Application

Alabama Electronic Security Board of Licensure

7956 Vaughn Road, PMB 392 Montgomery, Alabama 36116

No Staples Please Paper Clips Only

RECIPROCITY

Empty box for reciprocity selection

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 2025/26? If yes, provide license #

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

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)

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