

Michigan Department of Licensing and Regulatory Affairs
 Corporations, Securities & Commercial Licensing Bureau
 Schools and Licensing Section
 P.O. Box 30018, Lansing, MI 48909
 517-241-9221
 www.michigan.gov/securityalarm
 www.michigan.gov/securityguard

| FOR OFFICE USE ONLY | |
|---------------------|--|
| Approved By: | |
| Date Approved: | |
| License Number | |

APPLICATION FOR SECURITY ALARM SYSTEM CONTRACTOR OR SECURITY GUARD AGENCY BRANCH OFFICE LICENSE

AUTHORITY: P.A. 330 of 1968, MCL 338.3434(A), AND 42 USC 654
 PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

| | | |
|-----------------------|----------|---------------------|
| Company Name | | Permanent ID Number |
| Branch Office Address | | City |
| State | Zip Code | Telephone Number |

Name of Branch Manager

APPROVAL COUNTY SHERIFF OR CITY CHIEF OF POLICE WHERE BRANCH OFFICE LOCATED - Required per MCL 338.1057(3)

| | |
|------------|---|
| Print Name | Title (Sheriff or City Chief of Police) |
| Signature | Date |
| City | County |

APPROVAL COUNTY PROSECUTING ATTORNEY WHERE BRANCH OFFICE LOCATED - Required per MCL 338.1057(3)

| | |
|------------|--------|
| Print Name | Title |
| Signature | Date |
| City | County |

Certification:
 I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

Signature _____ Date _____

| FEE PAYMENT INFORMATION (Check One Box) | FOR OFFICE USE ONLY | FOR OFFICE USE ONLY - VALIDATION |
|---|---------------------|----------------------------------|
| <input type="checkbox"/> Security Alarm System Contractor Branch Office \$100.00 | 3602-01 | |
| <input type="checkbox"/> Security Guard Agency Branch Office \$ 50.00 | 3802-01 | |
| Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN | | |
| FEES ARE AUTHORIZED UNDER 1968 PA 330. | | |