MONTANA BOARD OF PRIVATE SECURITY
301 South Park Avenue, 4th Floor
PO Box 200513
Helena, Montana 59620-0513
Phone: (406) 841-2300 Fax: (406) 841-2309
Email: dlibsdpsp@mt.gov Website: www.privatesecurity.mt.gov

APPLICATION FOR REGISTERED PROCESS SERVER

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. ANSWER ALL QUESTIONS TRUTHFULLY AND HONESTLY. REJECTED FINGERPRINTS WILL DELAY THE APPLICATION.
(Please allow 30 days processing from the date that the Board has a complete **routine** application)

CERTIFICATE OF REGISTRATION REQUIREMENTS:

- 18 years of age or older.
- United States citizen or legal permanent U.S. resident.
- Resident of the State of Montana for at least 1 year immediately preceding making application pursuant to MCA 25-1-1102(3).
- No felony convictions pursuant to MCA 25-1-1102(2).
- Surety bond pursuant to MCA 25-1-1111.
- FBI and Montana Dept. of Justice criminal fingerprint background check.
- Pass a Board approved exam based on the process server handbook.
- Full-face passport-type photograph of head and shoulders.
- Completed application form, all supporting documentation and appropriate fees.

FEES (NON-REFUNDABLE)

$100.00 Application Fee
$ 25.00 Examination Fee
$125.00 Total Fees

Make check or money order payable to the **Montana Board of Private Security**

PHOTOS

Affix a photo to page of application as indicated. The photo must be full-face passport type of head and shoulders with applicant's signature in below.

DOCUMENTS

Submit the following documents to the Board office in order to complete your license application. All documents must be copied to a standard page size of 8 ½" x 11". All documents not in English must be accompanied by certified translations.

- Completed application and attached photograph.
- Copy of driver's license or birth certificate for proof of age.
- Copy of birth certificate, United States Passport or Immigration Green card for proof of citizenship or permanent legal residency.
- Copy of current surety bond of $10,000 for an individual or $100,000 for a firm. The bond shall list the Montana Board of Private Security as the certificate holder.
- Completed Verification of Licensure form, if you hold or have held professional/occupational licenses in another state or jurisdiction.
- Completed character reference form.

APPLICATION PROCEDURES

- Staff will notify applicants in writing if the applicant is required to submit additional information. Once the application is complete, staff will process and issue licenses. Please allow 30 days processing from the date that the Board has a **complete, routine** application.
- An application will be considered as a **non-routine** application if the Criminal History Record Information returns a criminal history or other irregularity requires the application to be reviewed by the Board during a regularly scheduled Board meeting. Non-routine applications may take up to 120 days to finalize.

- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached "Verification of Licensure" request form as needed. Some states may charge a fee for verifications. Contact each state board or jurisdiction prior to sending the request.
- Ensure the individual reference you listed on your application completes the questionnaire form and return the form directly to the Board office as soon as possible.
- Notify the Board office immediately of any address change or termination of employment from the sponsoring security company.

FINGERPRINT/BACKGROUND CHECK PROCESS

Upon request, the Board office will mail you a fingerprint card and self-addressed envelope. Fingerprint cards are also available from most local law enforcement agencies and the Montana Department of Justice (DOJ). Complete the information requested at the top of the fingerprint card prior to having your prints taken and include the following information (see sample on the following page):

EMPLOYER AND ADDRESS: Board of Private Security, PO Box 200513, Helena, MT 59620-0513
REASON FINGERPRINTED: Licensure & 37-60-304, MCA
ORI: MT920073Z

Most local law enforcement agencies will take your fingerprints for a nominal fee. After paying this fee and having your fingerprints taken, send the completed fingerprint card along with a check or money order for **$27.25** made payable to the "Montana Department of Justice" and mail it to Montana Criminal Records, 2225 11th Avenue, PO Box 201403, Helena MT 59620-1403. Please check with your local post office and add accurate postage prior to mailing.

If DOJ rejects your first fingerprint card as "unreadable," the Board office will notify you and send a new fingerprint card for you to re submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.

Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Private Security. Your application will not be considered complete until the CHRI is received from the DOJ.

APPLICANT
* See Privacy Act Notice on Back
FD-258 (REV.3-1-10) 1110-0046

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

ORI MT920073Z
BD PRIVATE SECURITY
HELENA, MT

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH Month Day Year DOB

CITIZENSHIP CTZ | SEX | RACE | HGT. | WGT. | EYES | HAIR | PLACE OF BIRTH POB

DATE | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS
BOARD OF PRIVATE SECURITY
PO BOX 200513
HELENA MT 59620

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REF.

REASON FINGERPRINTED
Licensure & 37-60-304 MCA

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB | 2. R. INDEX | 3. R. MIDDLE | 5. R. LITTLE

SAMPLE

6. L. THUMB | 7. L. INDEX | L. MIDDLE | 9. L. RING | 10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

For information with regard to the processing of this application or other concerns please contact the Board of Private Security staff at 406-841-2300 or email us at dlibsdpsp@mt.gov.

REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE ON OUR WEBSITE:
www.privatesecurity.mt.gov

The Process Server handbook is available at, www.privatesecurity@mt.gov
Go to the license information tab and select "Process Server."

THE APPLICATION FOLLOWS

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Registered Process Server Application

Allow 30 days from the date the Board has a complete routine application file for licensure.

1. FULL NAME: _____
   Last First Middle
2. OTHER NAMES KNOWN BY: _____
3. LICENSE NAME: _____
   State your name as it should appear on your license if granted.
4. BUSINESS NAME: _____
5. BUSINESS ADDRESS: _____
   Street or PO Box #
   _____
   City State Zip Code
6. HOME ADDRESS: _____
   Street or PO Box #
   _____
   City State Zip Code

   PREFERRED MAILING ADDRESS (Check one): Home or Business

   EMAIL ADDRESS: _____
7. TELEPHONE: BUSINESS _____ HOME _____ FAX _____
8. SOCIAL SECURITY NUMBER: _____
9. DATE OF BIRTH: _____ PLACE OF BIRTH: _____ MALE FEMALE
10. HEIGHT: _____ WEIGHT: _____
11. List all professional licenses you hold or ever have held. License Verifications must be sent directly to the Montana Board office from each state/province/territory. (See attached)

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested Verification?
					☐ **Exam** ☐ **Endorse** ☐ **Other**	☐ **Yes** ☐ **No**
					☐ **Exam** ☐ **Endorse** ☐ **Other**	☐ **Yes** ☐ **No**
					☐ **Exam** ☐ **Endorse** ☐ **Other**	☐ **Yes** ☐ **No**

READ CAREFULLY!
Your license may be denied if you provide false or incomplete information. Answer questions completely and truthfully, please attach additional sheets for additional explanation if necessary.

12. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐**Yes** ☐ **No**

13. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐**Yes** ☐ **No**

14. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. ☐**Yes** ☐ **No**

15. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐**Yes** ☐ **No**

16. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐**Yes** ☐ **No**

17. Have any civil legal proceedings been filed against you by a client, former client, or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. ☐**Yes** ☐ **No**

18. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution.

    If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fine of less than $200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. **Note: your answer will be cross-referenced with your fingerprint background check results.** ☐**Yes** ☐ **No**

19. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. ☐**Yes** ☐ **No**

20. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. ☐**Yes** ☐ **No**

21. Have you ever been court-martialed or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation form the source. ☐**Yes** ☐ **No**

22. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security, etc.) If yes, please attach a detailed explanation and provide documentation from the source. ☐**Yes** ☐ **No**

23. Have you ever been licensed in the State of Montana? If yes, please provide the license information:

TYPE: _____ LICENSE #: _____ EXPIRATION DATE: _____

24. Have you been a resident of Montana for a period of 1 year immediately preceding submission of your Registered Process Server application for licensure? Yes No

25. CHARACTER REFERENCE
Please type or print name and address of one reference, not related by blood or marriage, who has known you or associated with you for a minimum of one year. Verification of moral/professional character form is included in this application.

Name:
Address:
Telephone Number:

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

_____
Printed Name of Applicant

_____ _____
Legal Signature of Applicant Date

AFFIX PHOTO HERE

PASSPORT SIZE

Signature (for ID card):_____

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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION & LIABILITY

I, _____, am an applicant for licensure as a

Security Guard Private Investigator/Trainee Alarm Response Runner

Resident Manager Alarm Installer Process Server

and, if issued a license, will be employed with the following private security employer:

_____
(Name of Business) (Name of Authorized Business Representative)

_____
Address Telephone Contact

I hereby authorize the Board to release, upon written request to the employer identified above, any and all information regarding my application and license status which may not be considered to be public information, except that the Board shall not release Criminal History Record Information obtained from the Montana Department of Justice and Federal Bureau of Investigation.

The information I authorize the Board to disclose written or verbal to my employer includes, but is not limited to, application status, the particulars of missing application information or fees, and disciplinary action.

I further understand and expressly release the Board, Department of Labor and Industry, and the State of Montana from liability for further unauthorized dissemination by the above employer of information protected by law as confidential.

A photocopy or electronic version of this signed release shall be considered as valid as the original. This authorization will remain in force as long as my application is pending and if the license is issued to me, for the duration of my employment with the above employer or until revoked by me, in writing and received by the Board of Private Security.

_____
Signature (Applicant/Licensee) (Date)

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CHARACTER REFERENCE

APPLICANT: Complete the upper portion of this form and mail to the character reference you have listed in your application. This person must know you or be associated with you for a minimum of one year. **They cannot be related to you by blood or marriage.**

_____ _____
Legal Signature of Applicant Date

(Please Type or Print):
Name of Applicant: _____

Address: _____

This verification sent to: _____

CHARACTER REFERENCE: Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Private Security. Your response will be kept confidential.

Name of reference: _____Daytime phone: _____

Address: _____

Relationship to Applicant/Profession/Position: _____

How long have you known the applicant? _____In what capacity?_____

To your knowledge, does this applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes," please explain: Yes No

_____
_____
_____

Do you consider this applicant worthy of approval to practice as a licensee in Montana?
Yes No

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):_____
_____
_____
_____

The Applicant and the Board thank you for your assistance. Please mail this character reference directly to the address above.

_____
Signature of Reference Date

VERIFICATION OF LICENSURE

Please complete this section of the form and mail to EACH state board in which you are now or ever have been licensed to practice as a _____. You may copy this form as many times as needed. Some boards require a fee for this service. Please contact them directly for more information.

STATE BOARD:
I am applying for a license as a _____in the State of Montana. The Board of Private Security requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **Board of Private Security, 301 South Park Avenue, PO Box 200513, Helena, MT 59620-0513** . Your early response is appreciated.

_____ _____
(Signature of Applicant) Name (Please print)

Address:_____

My license number in your state is:_____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE **MONTANA STATE BOARD OF PRIVATE SECURITY**

State of:_____

Full Name of Licensee: _____

License No. _____ Original License/Issue Date:_____

Expiration Date: _____License current? If NO, please explain: _____

Has license been suspended, revoked, placed on probation or otherwise disciplined?
Yes No If YES, explain and attach documentation:_____

_____

Has licensee ever been requested to appear before your Board? Yes No

If YES, explain: _____

Derogatory information, if any: _____

Comments, if any: _____

Signed: _____

BOARD SEAL Title: _____

State Board:_____ Date:_____