



ALARM COMPANY OPERATOR QUALIFIED MANAGER QUALIFYING EXPERIENCE

(Not required by Alarm Company applicants who currently have a licensed Qualified Manager)

The information on this form is used to determine experience qualifications of applicants for licensure and is requested pursuant to California Business and Professions Code section 7599. One form must be completed by each person (declarant) who is certifying the applicant's experience. **The declarant section of the form must be completed by someone other than the applicant who has knowledge of the work experience claimed by the applicant. Use a separate form for each employer.**

THIS SECTION TO BE COMPLETED BY THE APPLICANT

1. NAME OF APPLICANT				
2. RESIDENCE ADDRESS OF APPLICANT: NUMBER AND STREET		CITY	STATE	ZIP CODE
3. APPLICANT'S TELEPHONE NUMBER				
Residence (Include Area Code)		Business		
4. NAME OF EMPLOYER FROM WHOM APPLICANT ACQUIRED EXPERIENCE			5. NAME OF IMMEDIATE SUPERVISOR	
6. ADDRESS OF ABOVE EMPLOYER: STREET		CITY	STATE	ZIP CODE
			7. EMPLOYER'S BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)	

THIS SECTION TO BE COMPLETED BY THE DECLARANT

The declarant is the person who certifies or attests to the applicant's experience. The information given is important to the applicant since it may help that person qualify for an Alarm Company Operator Qualified Manager certificate. It is also important to the Bureau of Security and Investigative Services (Bureau) which uses it to determine if the applicant meets the experience requirements.

Please complete this form and return it to the applicant. Incomplete or inaccurate forms may be returned and/or may prevent or delay the applicant from qualifying for certification. A Bureau representative may contact you by telephone or mail to verify statements or to get additional information regarding the applicant's experience qualifications. One year of experience is considered to be a minimum of 2,000 hours of compensated time for the specific license filed.

The applicant may have several declarants; you may be certifying only part of the experience required. The total time required to obtain an Alarm Company Qualified Manager certificate is 4,000 hours of experience.

8. NAME OF DECLARANT				
9. ADDRESS OF DECLARANT: NUMBER AND STREET		CITY	STATE	ZIP CODE
10. DECLARANT'S TELEPHONE NUMBER (INCLUDE AREA CODE)			11. DECLARANT'S LICENSE NUMBER IF LICENSED WITH THIS BUREAU	
Residence		Business		
12. NAME OF DECLARANT'S EMPLOYER				
13. ADDRESS OF DECLARANT'S EMPLOYER: NUMBER AND STREET		CITY	STATE	ZIP CODE

14. DECLARANT'S RELATIONSHIP TO APPLICANT:			
<input type="checkbox"/> PRESENT EMPLOYER	<input type="checkbox"/> FORMER EMPLOYER	<input type="checkbox"/> PRESENT SUPERVISOR	<input type="checkbox"/> FORMER SUPERVISOR
<input type="checkbox"/> OTHER (Give full explanation in Additional Comments section.)			
15. DECLARANT HAS PERSONALLY KNOWN APPLICANT FOR: YEARS MONTHS		16. APPLICANT EMPLOYED BY EMPLOYER NAMED IN BOX NUMBER (4) FOR: YEARS MONTHS	
17. Describe in detail the employment duties of the applicant during the period that you are declaring. Please indicate the percentage of time performing the types of duties listed in the box on the right. (Percentages must be shown)			
POSITION TITLE		TOTAL HOURS ACCUMULATED	IS/WAS APPLICANT:
EXACT DATES OF EMPLOYMENT (Include Month, Day, and Year)			Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
FROM: _____ TO: _____			If Part-time, number of hours worked per Week _____ or Month _____
DESCRIPTION OF DUTIES			On Payroll? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____			Subcontractor? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____			Other <input type="checkbox"/>
_____			(Please use the space in the Additional Comments section for explanation.)

_____			<u>PERCENTAGE OF TIME (%)</u>
_____			Alarm _____
_____			Office: (Explain) _____
_____			Other: (Explain) _____
_____			(Please use the space in the Additional Comments section for explanation.)

ADDITIONAL COMMENTS:

The undersigned hereby declares under penalty of perjury, under the laws of the State of California, that all statements contained herein are true and correct.

SIGNATURE OF DECLARANT TITLE DATE

Disclosure Language

Submission of the requested information is mandatory. The Bureau of Security and Investigative Services cannot consider your application for licensure or renewal unless you provide all of the requested information.

Pursuant to the California Public Records Act (Gov. Code § 6250 et seq.) and the Information Practices Act (Civ. Code § 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the Department unless otherwise specifically exempt from disclosure under the law. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in response to a court or administrative order, a subpoena, or a search warrant.

Per the Information Practices Act, the Chief of the Bureau of Security and Investigative Services, Department of Consumer Affairs, is responsible for maintaining the information in this application. You have the right to review the records maintained on you by the Bureau or Department unless the records are exempt from disclosure by section 1798.40 of the Civil Code. Your completed application becomes the property of the Bureau and will be used by authorized personnel to determine your eligibility for a license, registration or permit. Information on your application may be transferred to other governmental or law enforcement agencies, as permitted by law.

For questions about this notice or access to your record, you may contact the Bureau by mail at Bureau of Security and Investigative Services, Attn: Public Records Liaison, P.O. Box 980550, Sacramento, CA 95798-0550, by phone at (916) 322-4000 or (800) 952-5210, or by e-mail at bsis.prarequests@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210 or by e-mail at dca@dca.ca.gov.