

To All Locksmith and Electronic Access Control Applicants:

The 78th Legislature, by way of Senate Bill 1252, amended Chapter 1702, Texas Occupations Code to include companies and individuals who provide locksmith and electronic access control services to the citizens of Texas. Chapter 1702 provides that certain qualifications be met before a person or company offers to provide or provides a regulated service.

The Private Security Board, in order to facilitate the task of the licensure of the locksmith and electronic access profession, created an advisory committee chosen from members of the locksmith and electronic access control community. This advisory committee worked with the Board on recommendations on rules and policy to implement the amendments to Chapter 1702 brought about by Senate Bill 1252. This advisory committee will continue to work with the Board. The Board has made recommendations to the Commissioners of the Department of Public Safety concerning implementation of locksmith and electronic access control licensure. The enforcement of the requirements of Chapter 1702 is the responsibility of the Investigation Section of the Private Security Bureau of the Texas Department of Public Safety. The Private Security Bureau is a component of the Department's Regulatory Licensing Service.

The attached information will assist you as you begin the licensure process. Further information about the general licensing process can be obtained from our website. Go to www.txdps.state.tx.us and click on "The Texas Commission on Private Security". The frequently asked questions section contains additional information about the general licensing process that may be helpful to you.

Sincerely,

Cliff Grumbles,

Manager Private Security Bureau

Regulatory Licensing Service

Texas Department of Public Safety

License Requirements

An applicant for a company license, registration as an owner/officer/partner or shareholder or the applicant's manager must be at least 18 years of age and must not:

- (1) have been convicted in any jurisdiction of a Class A misdemeanor or equivalent offense or a greater offense, unless a full pardon has been granted for reasons relating to a wrongful conviction;
- (2) have been convicted in any jurisdiction of a Class B misdemeanor or equivalent offense for which the fifth anniversary of the date of conviction has not occurred before the date of application, unless a full pardon has been granted for reasons relating to a wrongful conviction;
- (3) have been found by a court to be incompetent by reason of a mental defect or disease and not have been restored to competency;
- (4) be suffering from habitual drunkenness or from narcotics addiction or dependence; or
- (5) have been discharged from the United States armed services under other than honorable conditions.

(b) The commission may deny an application for a license if the applicant has been convicted in any jurisdiction of a Class B misdemeanor or equivalent offense if the fifth anniversary of the date of conviction has occurred before the date of application, unless a full pardon has been granted for reasons relating to a wrongful conviction.

The Company

Unless you are doing business in your name (ex: John J. Smith) you will need to have a d/b/a assumed name filed with the county clerk's office in the county you intend to do business. If you are a sole-proprietor you have to submit:

1. The company application. (The company license application fee is \$300.00 and renews annually.)
2. The assumed name certificate (if not using your birth name.)
3. An application to register as the owner/manager. (The application fee to be the owner/manager or just an owner (if you are not going to be the manager) is \$50.00.
4. You will need to complete the experience affidavit, and truthfully answer and complete the requirements before signing.
5. If you do not want to be the qualified manager you will have to submit an application for the person you want to be your manager. (To be the manager only the fee is \$20.00.) The person you want to qualify to be your manager would complete the experience affidavit, and truthfully answer and complete the requirements before signing.
6. If you are going to be the owner/manager or just the owner you will need to submit two fingerprint cards with the application and an additional \$25.00 for the F.B.I. check. This will also be required if you are submitting an application for someone to qualify as your manager.
7. You will have to submit proof of an insurance policy (on Board approved form) that contains minimum limits of:
 - a. \$100,00 for each occurrence for bodily injury and property damage;
 - b. \$50,000 for each occurrence for personal injury; and
 - c. a total aggregate amount of \$200,000 for all occurrences.

If you are a partnership you will have to file the partnership with the county clerk's office in the county in which you intend to do business.

If you are a corporation you will need to file and be issued your corporate charter with the Office of the Secretary of State.

If you are a partnership or a corporation you will have to submit all the above seven listed items and a registration application for each partner/officer/shareholder, and the application fee; with two fingerprint cards and a \$25 FBI fee.

MANAGERS EXAMINATION

No manager examination will be required for a Locksmith or Electronic Access Control company license if company applications are **received prior to December 31, 2004**. After that date a person applying for a company license or a replacement manager will have to qualify by taking the 200 question managers examination given by the Board.

Employees of Locksmiths Companies

After a license has been issued each company shall submit a registration application for any individual that performs a locksmith's function. The application fee is \$20.00. Additionally, the licensee shall submit two sets of fingerprints on fingerprint cards obtained from the Board, and the \$25.00 F.B.I. fee. The application, fingerprints and fees shall be submitted on each employee with 14 days after the license has been issued or a new individual begins employment. Remember each licensee shall obtain completed fingerprint cards on each applicant prior to them being allowed to work as a locksmith.

When a pocket card is issued it will be valid for two years from the date of issuance. The registration can be transferred to a new employer if a person quits. The new employer shall submit the employee information update, on a Board approved form, and a \$15.00 fee for the new employee. The employee information update application, and fee, shall be submitted within 14 days after the employee begins employment with the new locksmith company.

Employees of Electronic Access Control Companies

After a license has been issued each company shall submit a registration application for any individual that performs electronic access control installer.. The application fee is \$20.00. Additionally, the licensee shall submit two sets of fingerprints on fingerprint cards obtained from the Board, and the \$25.00 F.B.I. fee. The application, fingerprints and fees shall be submitted on each employee with 14 days after the license has been issued or a new individual begins employment. Remember each licensee shall obtain completed fingerprint cards on each applicant prior to them being allowed to work as a locksmith.

When a pocket card is issued it will be valid for two years from the date of issuance. The registration can be transferred to a new employer if a person quits. The new employer shall submit the employee information update, on a Board approved form, and a \$15.00 fee for the new employer. The employee information update application, and fee, shall be submitted within 14 days after the employee begins employment with the new electronic access control company.

Additionally, each person seeking to be registered as an electronic access control installer shall have passed an examination regarding electronic access control as prescribed by the Board. The results shall be submitted with each application. Failure to submit the proof of successfully passing the examination will delay your application.

COMPANY LICENSE CERTIFICATE

After a company license has been issued the certificated issued to you must be posted in the principal place of business as shown in Board records.

Consumer Sign

After a company license has been issued each company must display a consumer sign (obtained from the Board) in the principal place of business and each branch office licensed by the Board.

Branch Office License Required

If a company licensed by the Board advertises or solicits business at any address other than the principal place of business each office that you advertise or solicit business from must have a branch office license. The cost of a branch officer is \$200.00 and renews annually with the original license.

Advertising

An advertisement by a license holder soliciting or advertising business must contain the license holders' company name, and address as stated in Board records and the license number as issued by the Board). (This does not include company vehicles.)

Company License Number on Vehicles

The statute and Board rules at this time do not require any company licensed by the Board to have the company license number clearly marked on the outside of the vehicle.

Criminal History

An applicant for a company license, registration as an owner/officer/partner or shareholder or the applicant's manager shall not:

- (1) have been convicted in any jurisdiction of a Class A misdemeanor or a felony offense, unless a full pardon has been granted for reasons relating to a wrongful conviction;
- (2) have been convicted in any jurisdiction of a Class B misdemeanor or equivalent offense for which the fifth anniversary of the date of conviction has not occurred before the date of application, unless a full pardon has been granted for reasons relating to a wrongful conviction;
- (3) have been found by a court to be incompetent by reason of a mental defect or disease and not have been restored to competency;
- (4) be suffering from habitual drunkenness or from narcotics addiction or dependence; or
- (5) have been discharged from the United States armed services under other than honorable conditions.

The commission may deny an application for a license if the applicant has been convicted in any jurisdiction of a Class B misdemeanor or equivalent offense if the fifth anniversary of the date of conviction has occurred before the date of application, unless a full pardon has been granted for reasons relating to a wrongful conviction.

An applicant who has been denied due to criminal history may appeal to the commission the denial of a license or registration if:

- (1) the sole basis of the denial is a conviction for a Class A misdemeanor or a felony offense;
- (2) the 20th anniversary of the conviction has occurred; and
- (3) the applicant waives the applicant's right to a hearing before the State Office of Administrative Hearings.

Summary Suspension or Denial

If a person is summary suspended or summarily denied by the Board the individual **can not** work for a licensed company. Additionally, a person that is an owner or manager **can not** own or manage a company while his registration as an owner/manager remains summary suspended or summarily denied.

Fees

Fees submitted to the Department of Public Safety to be licensed as a locksmith or electronic access control license or registration is non-refundable.

General Information

1. If you are a one man shop you need a company license and you will also need a registration as an owner/manager. This will cost you \$300.00 for the company license (renewed annually), \$50.00 for the registration as the owner/manager (renewed bi-annually [every two years]), and \$25.00 for the F.B.I. fee. The total cost for an original application for a one man shop with one location is \$375.00.
2. If you wife just answers the phone, pays bills, schedules your appointments etc., and does not perform any functions as a locksmith (and she is not an owner/officer/partner or shareholder); then she would not need registration.
3. A locksmith company can have an endorsement to do electronic access control and an electronic access control company can have an endorsement as a locksmith company. This is one company license with only one fee. A company that is already licensed as an alarm systems company is authorized to do electronic access control work without any additional endorsement on the license. A company that becomes licensed as an electronic access control company will have to prove experience and qualify a manager to add the endorsement of an alarm systems company, again, one company license, and one fee.
4. A **company** license is **valid** for **one year** while an **individual registration** is **valid** for **two years**.
5. To renew an individual registration you will be required to have obtained the required number of continuing education hours, during the two years after your registration is issued.

**Texas Department of Public Safety
Private Security Bureau
P.O. Box 15999
Austin, Texas 78761-5999
www.tcps.state.tx.us**

Company License Application

Under the provisions of Title 10, Chapter 1702 Occupations Code, as amended, application is hereby made for a license to offer and perform the services of an investigations company and/or security services contractor.

NOTE: Fees submitted to the Board are non-refundable nor transferable.

Name of corporation, company or sole proprietor: **YOUR PERSONAL NAME GOES HERE.**

Assumed Name (if any): **YOUR D.B.A. GOES HERE. MUST MATCH THE INSURANCE POLICY NAME!!!**

Mailing Address: **THIS IS WHERE YOU WANT YOU MAIL TO GO TO.**

Physical Address: **THIS IS WHERE YOUR BUSINESS AND RECORDS ARE LOCATED. MOBILE? PUT HOME ADD.**

Business Telephone (area code + number: _____) Fax Number: _____

Type of Ownership (check one): Individual using own name Individual with assumed name Partnership Corporation

Type of License (check all that apply): Investigations company Guard company Alarm Systems company
 Armored Car company Courier company Guard Dog company
 Locksmith company Electronic Access Control Device company

Please state the general nature of the service(s) you intend to provide: **LOCKSMITH/EAC CONTROL/ BOTH**

Name of Manager applicant: **IF SOLE OWNER YOU ARE MANAGER ALSO. OTHERWISE THE MANAGER.**

Ownership Information

Each person listed below must register as an owner, officer, partner and/or shareholder

Individual Owner: **SELF EXPLANATORY**

Last

First

Middle

Corporation or Partnership

Officers or Partners

Last Name

First Name

MI

President or Partner

CORPORATION BOARD MEMBERS GO HERE ON EACH LINE. YOU ALSO

V. Pres. Or Partner

NEED TO PROVIDE THE MINUTES FROM YOUR FIRST MEETING OF THE BOARD.

Secretary or Partner

CORPORATIONS NEED TO PROVIDE A COPY OF THE CORPORATE CERTIFICATE.

Treasurer or Partner

ALSO AN ASSUMED NAMED CERTIFICATE IF THEY HAVE ONE

List all partners or shareholders who own 25% or more of the company

Percentage of Interest

Last Name

First Name

MI

SELF EXPLANATORY.

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

_____ **ADDITIONAL SHAREHOLDERS NAME GO IN HERE.**

**NOTICE: This is a Governmental record.
Any false entry made on this document is considered a criminal violation.**

Applicants Signature: **SIGN AND DATE**

Date: _____

NOTICE: THIS IS A GOVERNMENTAL RECORD.

ANY FALSE ENTRY MADE ON THIS DOCUMENT COULD BE CONSIDERED A CRIMINAL VIOLATION.

IF YOU SIGN "YES" TO ANYTHING HERE YOU WILL NEED A DETAILED EXPLANATION FOR THE BOARD.

The following section must be **completely** filled out and answered before this application can be processed

The Applicant must answer by clearly **printing** "yes" or "no" next to the question.

- 1) Have you been convicted in any court of a misdemeanor crime of **domestic violence**? _____
- 2) Have you ever been convicted in any court of a crime punishable by imprisonment for a term in excess of one year? _____
- 3) Are you under **indictment** for a crime punishable by imprisonment for a term in excess of one year? _____
- 4) Are you a fugitive from justice (Have you ever fled from any state to avoid prosecution)? _____
- 5) Are you an unlawful user of a controlled substance or addicted to any controlled substances? _____
- 6) Have you ever been adjudicated as a mental defective or been committed to a mental institution? _____
- 7) Are you an alien in the United States? _____ If the answer is yes: What is your alien registration number? _____
- 8) Are you illegally or unlawfully in the United States? _____
- 9) Have you been discharged from the Armed Forces under dishonorable conditions? _____ (If yes attach a copy of your DD-214).
- 10) Have you ever been a United States citizen and renounced your citizenship? _____
If so when and where? _____
- 11) Have you been ordered by Court to refrain from harassing, stalking, or threatening an intimate partner or child of such intimate partner? _____
- 12) Have you been ordered by a Court to refrain from engaging in any conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or the partner' s child? _____
- 13) Are you currently, or have you ever been prohibited from carrying a firearm under any federal or state law? _____
- 14) Have you **ever** been **arrested** for a Felony, a class A misdemeanor, class B misdemeanor or have you ever been court martialled by the military? _____

WARNING: Any arrest described above requires that you must submit documentation with this application from the court in which the action against you was heard. Failure to report an arrest later found by a fingerprint search may result in denial of or loss of a license based solely on the material misstatement of fact in this application.

I acknowledge that I have read and understand the information contained in the above **warning** paragraph, and that I have truthfully answered all of the above questions.

Applicant's signature: **EMPLOYEE'S SIGNATURE / OWNER**

Date: _____

I hereby verify that the above applicant began employment in a position that requires registration with my company on:

IF YOU OWN YOUR OWN SHOP YOU THEN SIGN AS APPLICANT AND BELOW AS MANAGER/OWNER

_____ Date

I am requesting that the above applicant be issued a registration/security officer commission with my company as my employee.

Qualified Manager or Owner signature **SOLE OWNER ALSO SIGNS HERE.**

Date _____

Texas Department of Public Safety
Private Security Bureau
P.O. Box 15999
Austin, Texas 78761-5999
www.tcps.state.tx.us

THIS FORM IS FOR YOUR EMPLOYEES TO FILL OUT AND SEND IN.

**Registration / Commission Application
PLEASE TYPE OR PRINT CLEARLY**

**THEY WILL GET THEIR OWN POCKET CARD. YOU WILL HAVE TO PUT PICTURE ON IT.
CHECK ONE ITEM ONLY (IF FBI FEE IS INCLUDED CHECK THAT ALSO)**

- | | |
|---|---|
| <input type="checkbox"/> Commissioned Security Officer \$50.00 | <input type="checkbox"/> Alarm Salesperson \$20.00 |
| <input type="checkbox"/> Non-Commissioned Security Officer \$25.00 | <input type="checkbox"/> Alarm Installer \$20.00 |
| <input type="checkbox"/> Private Investigator \$20.00 | <input type="checkbox"/> Alarm System Monitor \$20.00 |
| <input type="checkbox"/> Security Salesperson \$20.00 | <input type="checkbox"/> Branch Office Manager \$20.00 |
| <input type="checkbox"/> Administrative Security Person \$20.00 | <input type="checkbox"/> Guard Dog Trainer \$20.00 |
| <input checked="" type="checkbox"/> Electronic Access Control Device Installer \$20.00 | <input checked="" type="checkbox"/> Locksmith \$20.00 |
| <input checked="" type="checkbox"/> FBI Fee \$25.00 | <input type="checkbox"/> Instructor \$100.00* |

(IF APPLYING FOR BOTH LOCKSMITH AND EAC YOU NEED TO FILL OUT 2 OF THESE FORMS)

*If applying for **INSTRUCTOR** please complete the following:

- Classroom Firearms Personal Protection Other

THIS INSTRUCTOR PORTION ON HERE IS FOR ALARM III LICENSE ONLY!!!!!!

If you choose more than one item, your application will be returned!

Fees submitted to the Board are non-transferable nor refundable.

Company Name: **UNDER WHOSE COMPANY ARE YOU WORKING** License Number: _____

Social Security Number: _____

Name: _____
Last First Middle

Home Address: _____
Number & Street City State Zip

Home Phone (area code + number): _____

Date of Birth: _____ Place of Birth: _____

Sex (circle one) 1. Male 2. Female Height/Weight: _____ Feet: _____ Inches: _____ Pounds: _____

Eyes (circle one) 1. Blue 2. Brown 3. Gray 4. Hazel 5. Green 6. Black

Hair (circle one) 1. Black 2. Red 3. Gray 4. Brown 5. Blonde 6. Bald

Race (circle one) 1. White 2. Black 3. Spanish 4. American Indian 5. Asian 6. Other: _____

List any alias you have used: **THIS MEANS HAVE YOU USED ANY OTHER NAMES?**

Title/Position: **LOCKSMITH** Describe your Duties: **WHAT DO YOU DO?**

YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM

**NOTICE: This is a Governmental record.
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Applicants Signature: _____ Date: _____

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Applicants Signature: _____ Date: _____

Texas Department of Public Safety
Private Security Bureau
P.O. Box 4087
Austin, Texas 78773-0001
www.tcps.state.tx.us

Certificate of Proof of Liability Insurance

This form must be used for companies licensed by the Private Security Board.
NO OTHER FORM WILL BE ACCEPTED BY THE BOARD AS PROOF OF LIABILITY INSURANCE

Name of Insurance Company: _____

The insurance company hereby states that it has issued to the insured named herein a policy of insurance to meet the requirements of the Private Security Act. It is understood that the provisions of Title 10, Chapter 1702 Occupations Code as amended, require a licensee to maintain on file with the Texas Private Security Board a Certificate of Insurance proof of a policy of public liability insurance executed by a local agent licensed in the State of Texas or a Certificate Insurance as proof or surplus lines coverage procured in compliance with the Texas Insurance Code, through a surplus lines agent resident and licensed in the State of Texas. The insurance policy must contain minimum limits of \$100,000.1 per occurrence for bodily injury and property damage and \$50,000.00 per occurrence for personal injury with a minimum total aggregate amount of \$200,000.00 for all occurrences. There shall be no exclusions to any coverage required und the provisions of Title 10, Chapter 1702 Occupations Code.

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. The below does not amend, extend or alter the coverage afforded, by the policies listed.

Name of Insured: **THIS MUST BE THE SAME AS YOUR DBA.....** License Number: **DON'T HAVE YET!**
(must appear exactly as in the records of the Commission) **LEAVE BLANK.**

Address of Insured: **MAKE SURE YOU ARE CONSISTANT ON THESE ANSWERS. IF NOT IT WILL COME BACK.**
(must appear exactly as in the records of the Commission)

Texas/Department of Public Safety
Private Security Bureau MSC-0241
P.O. Box 4087
Austin, Texas 78773-0001

Limits of Liability
Bodily Injury/Property Damage: **\$100,000.00 MINIMUM**
Personal Injury: **\$50,000.00 @ OCCURANCE MINIMUM**
Aggregate: **\$200,000.00 TOTAL MINIMUM**
Type of Insurance: Commercial, General Liability

Policy Number: _____ Effective Date: _____ Expiration Date: _____

YOUR INSURANCE COVERAGE IS MONITORED BY COMPUTER. IF IT EXPIRES YOU WILL BE SUSPENDED FROM WORKING IMMEDIATELY. YOU WILL THEN GET A LETTER TO CEASE AND DISIST.

You **MUST** complete the following

Armed Guard Coverage? _____ Yes _____ No Guard Dog Coverage? _____ Yes _____ No

Note: Provisions of Title 10, Chapter 1702 Occupations Code, as amended provide that insurance certificates executed and filed with the Board shall remain in force and effect until the insurer has terminated future liability by a 10 day notice to the Board.

Authorized Representative

Insurance Agent' s Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Texas Insurance License #: **AGENT'S LICENSE NUMBER** Phone Number: _____

YES EVEN YOUR AGENTS HAS TO HAVE A LICENSE. AND THEY MUST BE ABLE TO SELL INSURANCE IN TEXAS IN ORDER TO SIGN THIS FORM.

Insurance Agent' s Signature: _____ Date: _____

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Company License Application

Under the provisions of Title 10, Chapter 1702 Occupations Code, as amended, application is hereby made for a license to offer and perform the services of an investigations company and/or security services contractor.

NOTE: Fees submitted to the Board are non-refundable nor transferable.

Name of corporation, company or sole proprietor: _____

Assumed Name (if any): _____

Mailing Address: _____

Physical Address: _____

Business Telephone (area code + number: _____) Fax Number: _____

Type of Ownership (check one): Individual using own name Individual with assumed name Partnership Corporation

Type of License (check all that apply): Investigations company Guard company Alarm Systems company
 Armored Car company Courier company Guard Dog company
 Locksmith company Electronic Access Control Device company

Please state the general nature of the service(s) you intend to provide: _____

Name of Manager applicant: _____

Ownership Information

Each person listed below must register as an owner, officer, partner and/or shareholder

Individual Owner: _____

Last

First

Middle

Corporation or Partnership

Officers or Partners

Last Name

First Name

MI

President or Partner

V. Pres. Or Partner

Secretary or Partner

Treasurer or Partner

List all partners or shareholders who own 25% or more of the company

Percentage of Interest

Last Name

First Name

MI

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

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Applicants Signature: _____ Date: _____

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The following section must be **completely** filled out and answered before this application can be processed

The Applicant must answer by clearly **printing** "yes" or "no" next to the question.

- 1) Have you been convicted in any court of a misdemeanor crime of **domestic violence**? _____
- 2) Have you ever been convicted in any court of a crime punishable by imprisonment for a term in excess of one year? _____
- 3) Are you under **indictment** for a crime punishable by imprisonment for a term in excess of one year? _____
- 4) Are you a fugitive from justice (Have you ever fled from any state to avoid prosecution)? _____
- 5) Are you an unlawful user of a controlled substance or addicted to any controlled substances? _____
- 6) Have you ever been adjudicated as a mental defective or been committed to a mental institution? _____
- 7) Are you an alien in the United States? _____ If the answer is yes: What is your alien registration number? _____
- 8) Are you illegally or unlawfully in the United States? _____
- 9) Have you been discharged from the Armed Forces under dishonorable conditions? _____ (If yes attach a copy of your DD-214).
- 10) Have you ever been a United States citizen and renounced your citizenship? _____
If so when and where? _____
- 11) Have you been ordered by Court to refrain from harassing, stalking, or threatening an intimate partner or child of such intimate partner? _____
- 12) Have you been ordered by a Court to refrain from engaging in any conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or the partner' s child? _____
- 13) Are you currently, or have you ever been prohibited from carrying a firearm under any federal or state law? _____
- 14) Have you **ever** been **arrested** for a Felony, a class A misdemeanor, class B misdemeanor or have you ever been court martialled by the military? _____

WARNING: Any arrest described above requires that you must submit documentation with this application from the court in which the action against you was heard. Failure to report an arrest later found by a fingerprint search may result in denial of or loss of a license based solely on the material misstatement of fact in this application.

I acknowledge that I have read and understand the information contained in the above **warning** paragraph, and that I have truthfully answered all of the above questions.

Applicant's signature: _____ Date: _____

I hereby verify that the above applicant began employment in a position that requires registration with my company on:

_____ Date

I am requesting that the above applicant be issued a registration/security officer commission with my company as my employee.

Qualified Manager or Owner signature _____ Date _____

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Verification of Experience; Locksmith Company

My name is _____ . My date of birth is _____. I wish to state that I have read and understand Chapter 1702 Texas Occupations Code, as amended by the 78th Legislature, Regular Session. Further, I have read and understand the rules promulgated by the Texas Private Security Board for the administration of Chapter 1702 Texas Occupations Code.

Further, I wish to state I have been engaged in the practice of a locksmith prior to September 1, 2004 or I have attended a locksmith training course recognized by the Texas Private Security Board. My experience as a locksmith or the course I have attended is as follows:

**NOTICE: This form will become a Governmental record.
Any false entry made on this document may be considered a criminal violation.**

Applicant' s signature: _____

Date: _____

This form is not valid for use after January 1, 2005.

**NOTICE: This is a Governmental record.
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Applicants Signature: _____ Date: _____

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www.tcps.state.tx.us

Certificate of Proof of Liability Insurance

This form must be used for companies licensed by the Private Security Board.
NO OTHER FORM WILL BE ACCEPTED BY THE BOARD AS PROOF OF LIABILITY INSURANCE

Name of Insurance Company: _____

The insurance company hereby states that it has issued to the insured named herein a policy of insurance to meet the requirements of the Private Security Act. It is understood that the provisions of Title 10, Chapter 1702 Occupations Code as amended, require a licensee to maintain on file with the Texas Private Security Board a Certificate of Insurance proof of a policy of public liability insurance executed by a local agent licensed in the State of Texas or a Certificate Insurance as proof or surplus lines coverage procured in compliance with the Texas Insurance Code, through a surplus lines agent resident and licensed in the State of Texas. The insurance policy must contain minimum limits of \$100,000.1 per occurrence for bodily injury and property damage and \$50,000.00 per occurrence for personal injury with a minimum total aggregate amount of \$200,000.00 for all occurrences. There shall be no exclusions to any coverage required und the provisions of Title 10, Chapter 1702 Occupations Code.

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. The below does not amend, extend or alter the coverage afforded, by the policies listed.

Name of Insured: _____ License Number: _____
(must appear exactly as in the records of the Commission)

Address of Insured: _____
(must appear exactly as in the records of the Commission)

Texas/Department of Public Safety
Private Security Bureau MSC-0241
P.O. Box 4087
Austin, Texas 78773-0001

Limits of Liability
Bodily Injury/Property Damage: _____
Personal Injury: _____
Aggregate: _____
Type of Insurance: Commercial, General Liability

Policy Number: _____ Effective Date: _____ Expiration Date: _____

You **MUST** complete the following

Armed Guard Coverage? _____ Yes _____ No Guard Dog Coverage? _____ Yes _____ No

Note: Provisions of Title 10, Chapter 1702 Occupations Code, as amended provide that insurance certificates executed and filed with the Board shall remain in force and effect until the insurer has terminated future liability by a 10 day notice to the Board.

Authorized Representative

Insurance Agent' s Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Texas Insurance License #: _____ Phone Number: _____

Insurance Agent' s Signature: _____ Date: _____

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Private Security Bureau
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Austin, Texas 78761-5999
www.tcps.state.tx.us**

Order Form

Occupations Code/Board Rules - \$15.00 (Manager test material)	Quantity _____	Amount \$ _____
Fingerprint Cards - (1-99 cards \$.50 each) (100-999 cards \$.35 each) (1000+ cards \$.15 each) Order Two (2) cards per person.	Quantity _____	Amount \$ _____
Level I Training Course (written materials) - \$8.00	Quantity _____	Amount \$ _____
Level II Training Course (written materials) - \$8.00	Quantity _____	Amount \$ _____
Level III Manual - \$30.00	Quantity _____	Amount \$ _____
Level III Test - \$30.00 (Approved Level III Schools only)	Quantity _____	Amount \$ _____
Level IV Manual - \$30.00	Quantity _____	Amount \$ _____
Level IV Test - \$30.00	Quantity _____	Amount \$ _____
Level IV Video Tapes - \$200.00	Quantity _____	Amount \$ _____
Consumer Sign - \$3.00	Quantity _____	Amount \$ _____
You must have one on view for the Public or put the statement your invoices.	Total of Order	Amount \$ _____

Payment may be made to "Texas Department of Public Safety" by cashier' s check, money order or licensed company check.

**Fees submitted to the Board are non-refundable nor transferable.
Please complete the following so we may process your order.**

Name: _____ License Number: _____
(if applicable)

Street: _____

City: _____ State: _____ Zip: _____

Telephone (area code + number): _____