



BOISE CITY
PATROL AGENT /
ALARM INSTALLER
LICENSE APPLICATION

OFFICE USE ONLY

DATE _____ CITY LICENSE # _____

NEW RENEWAL

PATROL AGENT ALARM INSTALLER

SURETY BOND

NON REFUNDABLE FEES:

LICENSE	\$ 38.50
FINGERPRINTS	\$ 42.00
PHOTO	\$ 5.00
PROCESSING.....	\$ 1.50
TOTAL FEES DUE	_____

ALL APPLICATIONS MUST BE ACCOMPANIED BY A \$2,500.00 SURETY BOND RUNNING TO THE CITY OF BOISE AND IN FULL FORCE AND EFFECT THROUGH OUT THE LICENSING PERIOD.

NAME _____
First Middle Last

EMAIL ADDRESS _____ PHONE _____

RESIDENCE ADDRESS _____
Street City Zip

MAILING ADDRESS (if different from above) _____
Street City Zip

OTHER NAMES KNOWN BY (INCLUDING MAIDEN) _____

HAVE YOU BEEN A RESIDENT OF THE STATE OF IDAHO FOR AT LEAST THREE (3) YEARS? YES NO

EMPLOYED BY _____

- HAVE YOU WITHIN THE PAST **THREE (3)** YEARS BEEN **CONVICTED, PAID ANY FINE, PLACED ON PROBATION, RECEIVED A DEFERRED SENTENCE, RECEIVED A WITHHELD JUDGEMENT, OR COMPLETED ANY SENTENCE OF CONFINEMENT FOR ANY FELONY OR MISDEMEANOR WHICH INVOLVED THEFT OR DISHONESTY?**
 YES NO
IF YES, GIVE OFFENSE(S), DATE & LOCATION _____

- DO YOU HEREBY AUTHORIZE THE CITY OF BOISE, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN YOUR APPLICATION AND CONCERNING YOUR QUALIFICATIONS?
 YES NO

OVER

I acknowledge by my signature below, I **must maintain a bond as required by Boise City Code 5-19-09**. If said bond is provided by my employer and I change employers during the effective period of my license, I understand I am required to provide Boise City Clerk's office with a new bond. **Failure to maintain, during the term of the license, all of the qualifications under which the license was issued, will be grounds for revocation of license.** (Boise City Code 5-08-02)

STATEMENT OF OATH

I swear and affirm, under penalty of perjury pursuant to Title 18, Chapter 54 Idaho Code, that the statements contained in the above application for a Patrol Agent / Alarm Installer are true and correct to the best of my knowledge.

_____ Date _____
SIGNATURE OF APPLICANT

STATE OF IDAHO
> ss
COUNTY OF ADA

On this _____ day of _____ in the year _____, before me the undersigned, a Notary Public, personally appeared _____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he / she executed the same.

NOTARY PUBLIC FOR IDAHO
RESIDING AT _____, IDAHO
MY COMMISSION EXPIRES _____