

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration**



Board of Security

NEW LICENSE APPLICATION

Please read instructions before completing this form. If you have any questions, call Pearson VUE's toll-free Customer Service line at 1-888-204-6293 Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).**

SECTION 1. REQUESTED LICENSE TYPE/FEES (includes non-refundable application fee – see instructions)

Method (Origin) of Application: (Check only one)

Requested License Type:

Code	Description		
(E) <input type="checkbox"/>	Examination	Code _____ Description _____	\$____.00
(O) <input type="checkbox"/>	Other		

Duplicate Licenses _____ X \$30.00 = \$____.00

Make company check, cashier's check or money order payable to Pearson VUE and mail to: PEARSON VUE Department DC – Security Metro-Plex I, Suite 250 8401 Corporate Drive Landover, MD 20785	PEARSON VUE ONLY <table border="1" style="width:100%"> <tr> <th style="width:33%">Check \$</th> <th style="width:33%">Ck #</th> <th style="width:33%">Clerk</th> </tr> <tr> <td style="text-align:center">\$ _____ .00</td> <td></td> <td></td> </tr> </table>	Check \$	Ck #	Clerk	\$ _____ .00			Total Enclosed \$____.00
Check \$	Ck #	Clerk						
\$ _____ .00								

SECTION 2. APPLICANT NAME OR COMPANY/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete the "Previous Names" section of this application. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

_____ FIRST NAME	MI	_____ LAST NAME	_____ SUFFIX (Jr, Sr, etc.)
_____ - _____ - _____ SOCIAL SECURITY NUMBER/FEIN*	M M D D Y Y Y Y _____ - _____ - _____ DATE OF BIRTH		
_____ PLACE OF BIRTH Provide City and State for US birthplace or Country for foreign place of birth.		<input type="checkbox"/> Male <input type="checkbox"/> Female GENDER Please check the correct box.	
Height _____	Weight _____	Hair Color _____	Eye Color _____

* Due to an amendment to the D.C. laws (DC Law 13-269 – "Child Support and Welfare Reform Compliance Amendment Act of 2000," effective March 31, 2001), the Department of Consumer and Regulatory Affairs is now required to collect and maintain Social Security Numbers in licensee files.

NOTICE OF NON-DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq. ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex (gender or sexual harassment), age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, and place of residence or business. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

NOTICE OF MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

NOTICE OF FRAUD, CORRUPTION AND WASTE

If you are aware of corruption, fraud, waste, abuse, or mismanagement involving any D.C. government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline, (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous. By law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties, or criminal prosecution in appropriate cases.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration

NEW LICENSE APPLICATION

SECTION 3. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: Marriage Divorce Court Order

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

Changed to current name by: Marriage Divorce Court Order

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

Changed to current name by: Marriage Divorce Court Order

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

Changed to current name by: Marriage Divorce Court Order

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

SECTION 4A. HOME ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

APARTMENT SUITE FLOOR PO BOX NUMBER _____

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4 Email Address

HOME PHONE NUMBER HOME FAX NUMBER

SECTION 4B. SECURITY COMPANY AFFILIATION (BUSINESS ADDRESS)

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

COMPANY NAME

APARTMENT SUITE FLOOR PO BOX NUMBER _____

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4 Email Address

BUSINESS PHONE NUMBER BUSINESS FAX NUMBER

SECTION 4C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license is determined by your license type.

HOME BUSINESS

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration**

NEW LICENSE APPLICATION

SECTION 5A. PROFESSIONAL SCHOOLS ATTENDED

List all colleges and universities attended prior to and including trade or professional schools. List in reverse chronological order, beginning with the most recent at the top. Attach additional sheets if necessary. If required in the application instructions, you must provide a sealed transcript.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

PEARSON VUE ONLY

SECTION 5B. WORK EXPERIENCE

List all work experience since graduation from the education program required for the license for which you are applying. List in reverse chronological order, beginning with the most recent. For "Type of Position," use the letter from the key below.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time

PEARSON VUE ONLY

SECTION 5C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS AND D.C.

List all states and jurisdictions in which you have ever held a similar professional license. If required in the application instructions, you must request and provide verification of licensure for all of these licenses, past and/or present.

Jurisdiction	Date License Was First Obtained	License Number

PEARSON VUE ONLY

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration**

NEW LICENSE APPLICATION

SECTION 5D. CORPORATION/PARTNERSHIP

List all partners for your business or members of your corporate structure.

Name of Corporation		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
Trade Name of Business (if applicable)		
Billing Name		
Corporation's and Non-DC Resident Applicant's Agent: Name		
Signature of Person to Receive Notice	Telephone #	
Owner of Building: Name	Address	
Address of Premises Applied for	Agency Email Address	
Vice President or Partner	Secretary or Partner	
Other	State of Corporation	Year
Previous DC License	What Year	
DC Address – if applicable		

<i>Vice-President or Partner Signature</i>	<i>Print Name</i>	<i>Date</i>
		PEARSON VUE ONLY
<i>Secretary or Partner Signature</i>	<i>Print Name</i>	<input type="checkbox"/>

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration**

NEW LICENSE APPLICATION

SECTION 6. QUESTIONS – Applicants MUST answer all of the following questions.

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions B through I below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

**PEARS
ON
VUE
ONLY**

A.	I certify that I am in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (DC Law 11-118, DC Code §47-2861 et seq.) and I do not owe any outstanding debt over \$100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>	
B.	Do you owe any outstanding debt to the District government as a result of any past due child support payments as stipulated in the "Child Support and Welfare Reform Compliance Amendment Act of 2000" (DC Law 13-269, DC Code §46-225.01)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>	
C.	Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>	
D.	Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete the "Professional Licenses in Other States/Jurisdictions" section of this form.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>	
E.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>	
F.	Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>	
G.	Have you withdrawn an application to practice your profession in DC or any other state/jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>	
H.	Applicant for Special Police Officer: Have you ever been discharged or resigned from employment because your conduct was not satisfactory? If yes, explain.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>
I.	Applicant for Special Police Officer: Have you ever belonged to any organization advocating the overthrow of the united States Government by force and violence? If so, explain.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>

SECTION 7. LICENSEE AFFIDAVIT

I, being duly sworn, depose and say that the information given in this application, including all writings and exhibits attached hereto, is true and complete.

**PEARSON
VUE ONLY**

LICENSEE SIGNATURE

NAME (Please Print)

DATE

Subscribed and sworn to before me this ____ day of _____, _____ by the affiant, who personally appeared before me.
(Month) (Year)

**PEARSON
VUE ONLY**

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

(SEAL)

SECTION 8. SPONSOR'S AFFIDAVIT

SECURITY COMPANY _____

ADDRESS _____

**PEARSON
VUE ONLY**

SPONSOR'S SIGNATURE

NAME (Please Print)

DATE

SPONSOR'S LICENSE PREFIX AND NUMBER