



NORTH CAROLINA ALARM SYSTEMS LICENSING BOARD

3101 Industrial Drive
SUITE 104
RALEIGH, N.C. 27609-0000
(919)788-5320



Form Must Be Mailed to The Alarm Board

Web Page
www.ncdps.gov/asl

Federal Background Request Form

Full Legal Name

(printed or typed)

Date of Birth

Last four(4) digits
of SSN

Applicant's Mailing Address
(P.O. Box or Home Address)

City

State

Zip Code

Applicant's Home or Cell
Phone Number

List the name of the company below in which you have applied with.

Company Name

Type of Application

By signing below the Applicant verifies that the Applicant is the person whose name appears above and that the address provided is the Applicant's current mailing address.

Signature of Applicant: _____
Original Signature Required

Date