The Department of the Arkansas State Police
Private Investigators, Private Security, and Alarm
Installation/Monitoring Section

Alarm Monitoring Company
Owner/Manager
(Rule 9.3)

AFFIDAVIT

I, ________________________________, do hereby state under oath that I have read and understand A.C.A. §§ 17-40-101, et seq. and the Rules of this department.

____________________________________
Applicant’s Signature

____________________________________
Date

State of ________________________________ §
County of ________________________________

Subscribed and sworn to before me, a Notary Public, in and for the County and State aforesaid, this the __________ day of ____________________ 20____.

(Seal)

Notary Public