



NORTH CAROLINA ALARM SYSTEMS LICENSING BOARD



3101 Industrial Drive • Suite 104
Raleigh, North Carolina 27609
Phone: (919) 788-5320 • Fax: (919) 788-5365
E-Mail: PPSASL@ncdps.gov
Web Page : www.ncdps.gov/ASL.aspx

PERSONAL REFERENCE QUESTIONNAIRE

TO THE APPLICANT: Print your name, date and phone number below and have each of your character references complete and notarize the personal reference questionnaire.

Name: _____ Date: _____ Ph: _____

REFERENCE: This questionnaire is to be completed by the reference only and must be uploaded with your application.

*****Your application will not be presented to the Board until all references have been received*****

How long have you known the applicant? _____

Do you know him/her personally or professionally? _____

Have you ever known the applicant to have alcohol or drug problems? _____

What kind of person do you think he/she is and how would you summarize his/her moral character?

Have you ever observed or had knowledge of the applicant doing anything you felt was illegal or questionable?

Is there anything else about the applicant that has not been asked that you feel we need to know about him before we grant him a license?

Would you recommend the applicant for the license that he has requested?

Print Name: _____ Signature: _____

Address:City/State/Zip _____ Date: _____

THE ABOVE WAS SWORN AND SUBSCRIBED BEFORE ME THIS

The _____ Day of _____, 20_____

Notary Public

My Commission Expires: _____