



# NORTH CAROLINA ALARM SYSTEMS LICENSING BOARD

4901 Glenwood Avenue • Suite 200  
Raleigh, North Carolina 27612  
Phone: (919) 788-5320 • Fax: (919) 788-5365  
E-Mail: [PPSASL@ncdoj.gov](mailto:PPSASL@ncdoj.gov)  
Web Page: [www.ncdoj.gov/ASL.aspx](http://www.ncdoj.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 mailed in with your application to Private Protective Services, 4901 Glenwood Avenue, Suite 200, Raleigh, NC 27612.

**\*\*\*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? \_\_\_\_\_

Is the applicant family oriented? \_\_\_\_\_

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/her before we grant the applicant a license? \_\_\_\_\_

\_\_\_\_\_

Would you recommend the applicant for the license that he/she has requested? \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address :City/State/Zip \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

**THE ABOVE WAS SWORN AND SUBSCRIBED BEFORE ME THIS**

The \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_