



# ARIZONA DEPARTMENT OF PUBLIC SAFETY

Arizona Department of Public Safety • PO Box 6328 MD 3140 • Phoenix, AZ • 85005-6328 • (602) 233-2361

## UNARMED AND ARMED TRAINING VERIFICATION FORM

This form must be completed by the applicant, licensed security guard instructor(s) and licensed security guard agency

**Armed applicants with Military service must attach a copy of the DD214**

UNARMED GUARD  
NEW and RENEW  
Parts A, B, and D

ARMED GUARD  
UPGRADE  
Parts A, C, and D

ARMED & UNARMED  
NEW and RENEW  
Parts A, B, C, and D

8 HOUR ARMED GUARD  
YEARLY REFRESHER  
Parts A, C, and D

### A. SECURITY GUARD INFORMATION: (to be completed by the security guard)

SECURITY GUARD'S PRINTED NAME (Please print legibly)	DATE OF BIRTH	SECURITY GUARD'S REGISTRATION NUMBER
Security Guard's Signature (per A.A.C. R13-6-603C1)		Date of Signature

### B. UNARMED SECURITY GUARD TRAINING: (to be completed by the licensed unarmed security guard instructor)

NAME (Please print legibly) <b>completed</b>	INSTRUCTOR'S REGISTRATION NUMBER	Date unarmed training
Signature of security guard Instructor (per A.A.C. R13-6-603C)		Date of Signature

I have read A.A.C. R13-6-603. My signature on this form affirms that the security guard listed in the first section above has completed the required unarmed security guard training. I also understand that if I knowingly make false statements on this form, I may be subject to disciplinary action and/or revocation of my firearm-safety license.

A.A.C. R13-6-603C2 states, "The instructor shall sign the form affirming that the armed security guard completed the firearms-safety training"

### C. ARMED SECURITY GUARD TRAINING: (to be completed by the licensed firearm-safety instructor)

Type of Weapon qualified with <input type="checkbox"/> Revolver <input type="checkbox"/> Semi-Auto	Certification Type: (NRA-type, AZPOST, ALEOAC, DOC)	8 Hours <input type="checkbox"/>	16 Hours <input type="checkbox"/>	Date armed training completed
FIREARM-SAFETY INSTRUCTOR'S NAME (Please print legibly)		FIREARM-SAFETY INSTRUCTOR'S REGISTRATION NUMBER		
Signature of Firearm-Safety Instructor (per A.A.C. R13-6-603C)		Date of Signature		

I have read A.A.C. R13-6-603. My signature on this form affirms that the security guard listed in the first section above has completed the required firearm-safety training. I also understand that if I knowingly make false statements on this form, I may be subject to disciplinary action and/or revocation of my firearm-safety license.

A.A.C. R13-6-603C2 states, "The instructor shall sign the form affirming that the armed security guard completed the firearms-safety training"

### D. SECURITY GUARD AGENCY INFORMATION: (to be completed by the licensed qualifying party or resident manager)

As required by A.R.S. §32-2632, the above named security guard has completed a Department of Public Safety approved training program.

SECURITY GUARD AGENCY'S NAME	IS THE TRAINING CURRICULUM ON FILE WITH DPS?
SECURITY GUARD AGENCY'S LICENSE NUMBER	

Printed name of Qualifying Party or Resident Manager \_\_\_\_\_ Signature of Qualifying Party or Resident Manager (per A.A.C. R13-6-603C) \_\_\_\_\_ Date of Signature \_\_\_\_\_

I have read A.A.C. R13-6-603. My signature on this form affirms that the security guard listed in the first section above has completed the required unarmed training and/or the firearm-safety training. I also understand that if I knowingly make false statements on this form, I may be subject to disciplinary action and/or revocation of my firearm-safety license.

A.A.C. R13-6-603C3 states, "The agency qualifying party shall sign the form affirming that the armed security guard met the firearm-safety training requirements of A.R.S. § 32-2632"