



ARIZONA DEPARTMENT OF PUBLIC SAFETY

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

ARMED SECURITY GUARD EMPLOYEE REGISTRATION APPLICATION

 Initial Armed Employee ^{*,1} New Armed Employee ^{*,2} Renew Armed Employee ^{*} Upgrade To Armed Additional Armed SG Employer

The applicant's fingerprints will be used to check the criminal history records of the FBI. The procedures for obtaining a change, correction, or updating of your criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34

APPLICANT MUST BE A US CITIZEN OR LEGAL RESIDENT WHO IS AUTHORIZED TO SEEK EMPLOYMENT IN THE UNITED STATES.

* Include the fingerprint processing fee. See fee schedule for pricing.

1 Initial Armed SG Employee is an Applicant that has never applied for an Armed SG Employee registration card in Arizona.

2 New SG Employee is an Applicant that has previously applied for a SG Employee registration card in Arizona, but does not have active SG Employee cards.

The DPS Licensing Unit only accepts: Money orders, Cashiers' checks, Agency's business checks, or Cash in the exact amount.

PART A - Employer <i>Complete this section</i>	AGENCY NAME:			AGENCY LICENSE NUMBER:			EXPIRATION DATE:		
	MAILING ADDRESS OF AGENCY:				SUITE:	CITY:	STATE	ZIP CODE	BUSINESS PHONE NUMBER
	PRINTED NAME OF AUTHORIZED SIGNER					TITLE OF SIGNER			
	<i>By signing below, I certify that I intend to employ the applicant named below, after his/her application has been processed and approved by the Arizona Department of Public Safety.</i>								
_____ <i>Authorizing Signature</i>					_____ <i>Date of Signature</i>				

PART B - Employee/Applicant <i>To complete this section</i>	LAST NAME		FIRST NAME			MIDDLE NAME				
	LIST OTHER NAME(S) YOU HAVE USED						SOCIAL SECURITY NUMBER			
	STATE/COUNTRY OF BIRTH		BIRTH DATE (MM / DD / YYYY)		HEIGHT	WEIGHT	SEX	MALE <input type="checkbox"/>	EYE COLOR	HAIR COLOR
					FT.	IN.	LBS.	FEMALE <input type="checkbox"/>		
	HOME STREET ADDRESS			APT. NO.	CITY		STATE	ZIP CODE		
	MAILING ADDRESS (STREET OR P.O. BOX)			APT. NO.	CITY		STATE	ZIP CODE		
	HOME PHONE NUMBER		CELL PHONE NUMBER		FAX NUMBER		E-MAIL ADDRESS			

APPLICATIONS SUBMITTED WITHOUT THE FOLLOWING QUESTIONS ANSWERED WILL BE RETURNED.

I HAVE INCLUDED A COPY OF DOCUMENT(S) SHOWING I AM A UNITED STATES CITIZEN OR LEGAL RESIDENT OF THE UNITED STATES WHO IS AUTHORIZED TO SEEK EMPLOYMENT IN THE UNITED STATES? YES NO

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? YES NO
If YES, attach a copy of your DD214 showing the conditions of your discharge.

ARE YOU A PROHIBITED POSSESSOR UNDER STATE OR FEDERAL LAW? YES NO

ARE YOU AN ARIZONA DEPARTMENT OF PUBLIC SAFETY EMPLOYEE, RESERVE OR VOLUNTEER? YES NO

I HAVE READ THE FBI FINGERPRINT PRIVACY ACT STATEMENT? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, OR CURRENTLY HAVE A CHARGE PENDING? YES NO
IF YES, Please Explain:

YOU MUST SIGN THIS APPLICATION! UNSIGNED APPLICATIONS WILL BE RETURNED!

I certify that all of the information and statements on this form are true and correct. I understand that I may be charged with a criminal offense for making false statements or omitting information on this application.

If you are aware the enclosed payment exceeds the amount due, and the overpayment is \$10.00 or less, signing this application indicates your agreement to have the excess funds donated to the STATE GENERAL FUND. Fees are subject to change and are not refundable per A.R.S.§41-1750.J.

X

Applicant's Signature

Date of Signature

FOR DPS USE ONLY

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DATE ISSUED	EXPIRATION DATE	REG. NUMBER	AUTH	CITZ	QTNS	FEE	FP/C	PICT	LIA	WC	BT
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHOTO NUMBER

DPS BADGE NUMBER