



ARIZONA DEPARTMENT OF PUBLIC SAFETY

Arizona Department of Public Safety • PO Box 6328 MD 3140 • Phoenix, AZ • 85005-6328.

SECURITY GUARD REGISTRATION APPLICATION

Please select type of application

- Initial unarmed SG application *, 5
- Initial armed SG application *, 2, 3, 5
- Renewal unarmed SG application *, 1, 5
- Renewal armed SG application *, 3, 5
- Upgrade to armed SG application *, 2, 6
- Initial SG associate application *, 4
- Renewal SG associate application *, 4
- Additional employer-Armed-New agency

PLEASE INCLUDE A PHOTOCOPY OF A GOVERNMENT ISSUED IDENTIFICATION CARD: Driver's license, Passport, Etc.*

APPLICANTS MUST INCLUDE AN ADDITIONAL \$22 FOR THE FBI FINGERPRINT PROCESSING FEE

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.

- ¹ Part A is NOT required on Unarmed renewals
- ² Armed applicants with military experience MUST attach a copy of DD214
- ³ Includes an unarmed guard card
- ⁴ Associate is defined as a partner or corporate officer.
- ⁵ Complete the Unarmed verification
- ⁶ Complete the Armed verification

PART A - Employer <i>Complete this section</i>	AGENCY NAME:			AGENCY LICENSE NUMBER:			EXPIRATION DATE:			
	BUSINESS STREET ADDRESS:				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>									
_____ Authorizing Signature					_____ Date of Signature					

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	EYE COLOR	HAIR COLOR
					FT.	IN.	LBS.	FEMALE		
	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.

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

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

IF YES, Please Explain:

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

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

PART C <i>UNARMED VERIFICATION if applicable.</i>	As required by A.R.S. §32-2632, the above named security guard has completed the minimum 8-hour unarmed training program conducted by:		
	Name of Unarmed Trainer (Print Legibly)	Signature of Unarmed Trainer (per AAC R13-6-601)	DATE UNARMED TRAINING COMPLETED
Signature of Qualifying Party or Resident Manager of Hiring/Sponsoring Security Guard Agency (per AAC R13-6-601)			Date of Signature

PART D <i>ARMED TRAINING VERIFICATION if applicable.</i>	As required by A.R.S. §32-2632, the above named security guard has completed the DPS approved firearms-safety training program:				
	TYPE OF WEAPON QUALIFIED WITH	TRAINING COMPLETED	CERTIFICATION TYPE (NRA-type, AZPOST / ALEOAC, DOC)	DATE COMPLETED	
	<input type="checkbox"/> Revolver	<input type="checkbox"/> Semi-Auto	<input type="checkbox"/> 16-HRS	<input type="checkbox"/> 8-HRS	
	Firearm-Safety Instructor's Name (Print Legibly)			Firearm-Safety instructor license #	Firearm-Safety Instructor's Signature (per AAC R13-6-603)
SECURITY GUARD AGENCY'S NAME		S.G. AGENCY'S LICENSE NUMBER		IS TRAINING CURRICULUM ON FILE WITH DPS?	
Printed Name of Qualifying Party or Resident Manager (Print Legibly)			Signature of Q.P. or Resident Manager (per AAC R13-6-603)		Date of Signature

ISSUE DATE	EXP DATE	REG NO.	ACTIVE AGENCY <input type="checkbox"/>	AUTH SIGN <input type="checkbox"/>	WORK COMP <input type="checkbox"/>	LIA INS <input type="checkbox"/>	DPS BADGE
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