



# ARIZONA DEPARTMENT OF PUBLIC SAFETY

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

## SECURITY GUARD ASSOCIATE REGISTRATION APPLICATION

Initial SG Associate <sup>\*,1</sup>

New SG Associate <sup>\*,2</sup>

Renew SG Associate <sup>\*</sup>

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, also include the Late Fee if past expiration date. See fee schedule for pricing.

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

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

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

PART A - Employer Complete this section	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>						
_____ Authorizing Signature				_____ Date of Signature			

PART B - Associate/Applicant To complete this section	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

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		FOR DPS USE ONLY		FOR DPS USE ONLY								
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		