



**ARIZONA DEPARTMENT OF PUBLIC SAFETY  
SECURITY GUARD FIREARMS-SAFETY  
INSTRUCTOR APPLICATION**

**INITIAL**\*:1     **NEW**\*:2     **RENEWAL**\*

Arizona Department of Public Safety - Licensing Unit  
PO Box 6328, MD 3140, Phoenix, AZ 85005-6328

FOR DPS USE ONLY
Instructor #
Exp. Date

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**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 SG firearms-safety instructor is an Applicant that has never applied for a SG firearms-safety instructor registration card in Arizona.

2 New SG firearms-safety instructor is an Applicant that has previously applied for a SG firearms-safety instructor card in Arizona, but does not have active SG firearms-safety instructor cards.

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

**THIS SECTION TO BE COMPLETED BY APPLICANT/INSTRUCTOR**

LAST NAME		FIRST NAME			MIDDLE NAME		
DRIVERS LICENSE OR ID NUMBER				STATE OF ISSUANCE		SOCIAL SECURITY NUMBER	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)	STATE / COUNTRY OF BIRTH	ORIGIN / RACE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
HOME STREET ADDRESS				APT. NO.	CITY	STATE	ZIP CODE
MAILING ADDRESS (STREET OR P.O. BOX)				APT. NO.	CITY	STATE	ZIP CODE
HOME PHONE		CELL PHONE		BUSINESS PHONE		E-MAIL ADDRESS	

Please check "YES" or "NO" to each question below

- |                                 |                                |  |
|---------------------------------|--------------------------------|--|
| YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | 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.                   |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Have you ever served in the United States Armed Forces? If YES, attach a Copy of your DD214 showing the conditions of your discharge from service.   |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Are you a prohibited possessor under state or federal law?   |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Are you an Arizona Department of Public Safety employee, reserve or volunteer?   |
| <input type="checkbox"/>        | <input type="checkbox"/>       | I have read the FBI Fingerprint Privacy Act Statement.   |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Do you meet all of the qualifications of a firearms-safety instructor listed in ARS §32-2625 and Arizona Administrative Code Title 13, Chapter 6, Article 7, R-13-6-701?                       |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Did you include the money order, cashier's check made payable to DPS, or cash in the exact amount, for the Security Guard Firearm-Safety Instructor processing fee in your application packet? |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Did you include a fingerprint card with your application, so DPS can conduct a state and federal level criminal background check?  |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Did you include a current copy of the front of your NRA card showing the expiration date, Arizona POST certification, or Federal firearms certification in your application packet?            |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Have you ever been convicted of a felony or misdemeanor, or currently have a charge pending? If Yes, please explain.   |

I attest that, to the best of my knowledge, all answers on this application are true. I understand that I may be subject to criminal prosecution for falsification or misrepresentation of any document provided to DPS in the application process. I understand that falsification or misrepresentation is grounds for denial or revocation of instructor approval.

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.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR DPS USE ONLY      FOR DPS USE ONLY      FOR DPS USE ONLY      FOR DPS USE ONLY**

DATE ISSUED	CREDENTIAL TYPE	CREDENTIAL #	CRED. EXPIRATION	SIGN	DATE	CITZ	QTNS	FEE	FP/C	PICT	CRED
				<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								