



# ARIZONA DEPARTMENT OF PUBLIC SAFETY

Arizona Department of Public Safety • PO Box 6328 MD 3140 • Phoenix, AZ • 85005-6328 • (602) 223-2361

## RESIDENT MANAGER APPLICATION

Initial RM application\*1  
Section A, B, C, D, E, F, & G

New RM application\*2  
Section A, B, C, D, E, F, & G

Renewal of RM application\*  
Section A, B, C, D, E, & F

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 RM application is an Applicant that has never applied for a RM card in Arizona.  
2 New RM application is an Applicant that has previously applied for a RM card in Arizona, but does not have an active Arizona RM card.  
The DPS Licensing Unit only accepts: Money orders, Cashiers' checks, Agency's business checks, or Cash in the exact amount.

AGENCY \_\_\_\_\_  
RM \_\_\_\_\_

SECTION A RESIDENT MANAGER INFORMATION							
LAST NAME		FIRST NAME			MIDDLE NAME		
BIRTHDATE (MM/DD/YYYY)	PLACE OF BIRTH (CITY & STATE)	HEIGHT FT. IN.	WEIGHT LBS.	EYE COLOR	HAIR COLOR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)							
MAILING ADDRESS OR <input type="checkbox"/> SAME AS HOME ADDRESS							
SOCIAL SECURITY NUMBER		HOME PHONE		CELL PHONE		BUSINESS PHONE	
LIST OF OTHER NAME(S) YOU HAVE USED					E-MAIL ADDRESS		

SECTION B WORK EXPERIENCE / EMPLOYMENT HISTORY - Include supporting documents		
LIST PAST 5 YEARS OF WORK EXPERIENCE; ALSO LIST ANY JOBS WHICH REFLECT THE MINIMUM QUALIFICATIONS. USE A SEPARATE SHEET OF PAPER IF NECESSARY.		
<u>NAME</u>	<u>TITLE</u>	<u>DATE (TO/FROM)</u>

SECTION C REQUIRED - Complete side two of this application and answer the following questions:	
DO YOU MEET EACH AND EVERY QUALIFICATION FOR THE LICENSE YOU ARE SEEKING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AN ARIZONA DEPARTMENT OF PUBLIC SAFETY EMPLOYEE, RESERVE OR VOLUNTEER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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"/> YES <input type="checkbox"/> NO
I HAVE READ THE FBI FINGERPRINT PRIVACY ACT STATEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, OR CURRENTLY HAVE A CHARGE PENDING? IF YES, please explain on back of this page:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>In order to permit the Arizona Department of Public Safety to make a thorough investigation of my background, pursuant to the laws of Arizona, I hereby authorize any person or legal entity to release and transmit to AZ DPS agents or employees, any information or data regarding my employment record and personal character. I release any organization and all person(s) whomsoever from any charge because of furnishing said information. Further, I certify that all of the foregoing statements are true and correct to the best of my knowledge. I understand that my license may be denied and that I may be charged with a criminal offense for knowingly making any false statements or omissions on the application.</p> <p>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. <b>SIGN THIS APPLICATION WITNESSED BY A NOTARY PUBLIC.</b></p>	
Printed Name of Applicant _____	Signature of Applicant _____ Date _____

### NOTARY PUBLIC ACKNOWLEDGMENT

THE STATE OF \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be, and acknowledged that he or she signed the above/attached document.

(Seal)

Notary Public Signature \_\_\_\_\_

Notary Public in and for (State) \_\_\_\_\_

My commission expires \_\_\_\_\_

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SECTION D      AGENCY NAME AND ADDRESS			
AGENCY NAME			PHONE NUMBER
PRINCIPAL BUSINESS ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> CHECK IF NEW ADDRESS (RENEWALS ONLY)			FAX NUMBER
PRINCIPAL MAILING ADDRESS OR <input type="checkbox"/> SAME AS BUSINESS ADDRESS			
BRANCH OFFICES IN ARIZONA	STREET	CITY/ZIP	PHONE NUMBER

SECTION E      AGENCY'S CORPORATE STRUCTURE	
SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER _____	
IF OTHER THAN A SOLE PROPRIETORSHIP, INCLUDE PROPERLY SIGNED AND REGISTERED PARTNERSHIP AGREEMENT, ARTICLES OF ORGANIZATION, OR ARTICLES OF INCORPORATION. OUT OF STATE CORPORATIONS MUST REGISTER WITH THE ARIZONA CORPORATION COMMISSION AS A FOREIGN CORPORATION AUTHORIZED TO CONDUCT BUSINESS IN ARIZONA.	
LIST BELOW EACH PARTNER, OFFICER/DIRECTOR OR LLC MEMBER/MANAGER OF THE AGENCY. LIST ADDITIONAL PERSONS ON A SEPARATE SHEET OF PAPER	
NAME	TITLE
NAME	TITLE
NAME	TITLE
NAME	TITLE

SECTION F      TRAINING INSTRUCTORS FOR ARMED AND UNARMED SECURITY GUARDS			
SECURITY GUARD FIREARMS-SAFETY AND GENERAL TRAINING INSTRUCTOR(S) THAT WILL PROVIDE THE TRAINING FOR YOUR AGENCY			
NAME OF INSTRUCTOR	TYPE OF INSTRUCTOR	INSTRUCTOR LICENSE NUMBER	EXPIRATION DATE
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NAME OF INSTRUCTOR	TYPE OF INSTRUCTOR	INSTRUCTOR LICENSE NUMBER	EXPIRATION DATE

SECTION G      GENERAL AGENCY INFORMATION
PROVIDE A BRIEF STATEMENT, DESCRIBING THE NATURE OF THE BUSINESS IN WHICH YOU INTEND TO ENGAGE. USE A SEPARATE SHEET OF PAPER IF NECESSARY.

FOR DPS USE ONLY	FOR DPS USE ONLY	FOR DPS USE ONLY	FOR DPS USE ONLY	FOR DPS USE ONLY
DATE ISSUED	EXPIRATION DATE	REG. NUMBERS	AUTH <input type="checkbox"/> CITZ <input type="checkbox"/> QTNS <input type="checkbox"/> FEE <input type="checkbox"/> FP/C <input type="checkbox"/> PICT <input type="checkbox"/> LIA <input type="checkbox"/> WC <input type="checkbox"/> AT <input type="checkbox"/> BT <input type="checkbox"/>	
			PHOTO NUMBER	
			DPS BADGE NUMBER	