



# ARIZONA DEPARTMENT OF PUBLIC SAFETY

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

## UNARMED AND ARMED TRAINING VERIFICATION FORM

This form must be completed by the applicant, registered security guard instructor(s) and licensed security guard agency

<input type="checkbox"/> UNARMED GUARD NEW and RENEW Parts A, B, and D	<input type="checkbox"/> ARMED GUARD UPGRADE Parts A, C, and D	<input type="checkbox"/> ARMED & UNARMED NEW and RENEW Parts A, B, C, and D	<input type="checkbox"/> 8 HOUR ARMED GUARD YEARLY REFRESHER Parts A, C, and D
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### A. SECURITY GUARD INFORMATION: (to be completed by the security guard)

SECURITY GUARD'S PRINTED NAME (Please print legibly)	DATE OF BIRTH	SECURITY GUARD'S REGISTRATION NUMBER
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\_\_\_\_\_  
*Security Guard's Signature (per A.A.C. R13-6-603C1)*

\_\_\_\_\_  
*Date of Signature*

A.A.C. R13-6-603C1 states, "The armed security guard shall sign the form affirming completion of the firearms-safety training"

### B. UNARMED SECURITY GUARD TRAINING: (to be completed by the registered unarmed security guard instructor)

INSTRUCTOR'S NAME (Please print legibly)	INSTRUCTOR'S REGISTRATION NUMBER	<b>Date unarmed training completed</b>
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\_\_\_\_\_  
*Signature of security guard Instructor (per A.A.C. R13-6-603C)*

\_\_\_\_\_  
*Date of Signature*

I have read A.A.C. R13-6-603. My signature on this form affirms that the security guard listed in the first section above has completed the required unarmed security guard training. I also understand that if I knowingly make false statements on this form, I may be subject to disciplinary action and/or revocation of my firearm-safety license.

A.A.C. R13-6-603C2 states, "The instructor shall sign the form affirming that the armed security guard completed the firearms-safety training"

### C. ARMED SECURITY GUARD TRAINING: (to be completed by the registered firearm-safety instructor)

Type of Weapon qualified with <input type="checkbox"/> Revolver <input type="checkbox"/> Semi-Auto	Certification Type: (NRA-type, AZPOST, ALEOAC, DOC)	8 Hours <input type="checkbox"/>	16 Hours <input type="checkbox"/>	<b>Date armed training completed</b>
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\_\_\_\_\_  
*FIREARM-SAFETY INSTRUCTOR'S NAME (Please print legibly)*

\_\_\_\_\_  
*FIREARM-SAFETY INSTRUCTOR'S REGISTRATION NUMBER*

\_\_\_\_\_  
*Signature of Firearm-Safety Instructor (per A.A.C. R13-6-603C)*

\_\_\_\_\_  
*Date of Signature*

I have read A.A.C. R13-6-603. My signature on this form affirms that the security guard listed in the first section above has completed the required firearm-safety training. I also understand that if I knowingly make false statements on this form, I may be subject to disciplinary action and/or revocation of my firearm-safety license.

A.A.C. R13-6-603C2 states, "The instructor shall sign the form affirming that the armed security guard completed the firearms-safety training"

### D. SECURITY GUARD AGENCY INFORMATION: (to be completed by the agency representative)

As required by A.R.S. §32-2632, the above named security guard has completed a Department of Public Safety approved training program.

SECURITY GUARD AGENCY'S NAME	
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SECURITY GUARD AGENCY'S LICENSE NUMBER	PRINTED NAME OF AGENCY'S REPRESENTATIVE
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*Signature of the agency representative*

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*Date of Signature*