



# ARIZONA DEPARTMENT OF PUBLIC SAFETY

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

## UNARMED SECURITY GUARD EMPLOYEE REGISTRATION APPLICATION

Initial SG Employee \*<sup>1</sup>

New SG Employee \*<sup>2</sup>

Renew SG Employee

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. See fee schedule for pricing.

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

2 New SG Employee is an Applicant that has previously applied for a SG Employee registration card in Arizona, but does not have active SG Employee 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
	PRINTED NAME OF AUTHORIZED SIGNER		TITLE OF SIGNER			
	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.					
_____ Authorizing Signature			_____ Date of Signature			

PART B - Employee/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 FT. IN.	WEIGHT LBS.	SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	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 NUMBER	CELL PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS			
	<b>APPLICATIONS SUBMITTED WITHOUT THE FOLLOWING QUESTIONS ANSWERED WILL BE RETURNED.</b>						
	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 <input type="checkbox"/> NO <input type="checkbox"/>						
ARE YOU AN ARIZONA DEPARTMENT OF PUBLIC SAFETY EMPLOYEE, RESERVE OR VOLUNTEER? YES <input type="checkbox"/> NO <input type="checkbox"/>							
I HAVE READ THE FBI FINGERPRINT PRIVACY ACT STATEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>							
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, OR CURRENTLY HAVE A CHARGE PENDING? YES <input type="checkbox"/> NO <input type="checkbox"/>							
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		