



**ARIZONA DEPARTMENT OF PUBLIC SAFETY
SECURITY GUARD INSTRUCTOR
APPLICATION (Unarmed Guard Trainer)**

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

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 Security Guard instructor is an Applicant that has never applied for a Security Guard instructor registration card in Arizona.

2 New Security Guard instructor is an Applicant that has previously applied for a Security Guard instructor card in Arizona, but does not have active Security Guard 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
<input type="checkbox"/> | NO
<input type="checkbox"/> | Are you a United States citizen or legal resident of the United States who is authorized to seek employment in the United States? If NO, you do not meet the requirements, per ARS §32-2625. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you included a copy of document(s) showing you are a United States citizen or legal resident of the United States who is authorized to seek employment in the United States? If NO, you do not meet the requirements, per ARS §32-2625. |
| <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 an unarmed security guard instructor listed in ARS §32-2625. |
| <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 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"/> | Are you currently under indictment for a felony arrest or have you ever been convicted of a felony offense? If Yes, you do not meet the requirements for obtaining an armed security guard training instructor certificate. |

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	EXPIRATION DATE	LICENSE NUMBER	PICTURE NUMBER	SIGN	DATE	CITZ	QTNS	FEE	FP/C	PICT
				<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							