Agency Name

ARIZONA DEPARTMENT OF PUBLIC SAFETY

ARMED SECURITY GUARD ROSTER

Mail to: Licensing Investigations Unit P.O. Box 6638, Mail Drop 1270

Phoenix, AZ 85005

(602) 223-2828 Fax to:

Agency License Number

Email to: licensingcomplaints@azdps.gov

For Month / Year*

Phone: (602) 223-2728

Prepared By				Phone Number	
Pursuant to A.R.S. §32-2632D	t to A.R.S. §32-2632D *Rosters are due by the 10 th of each following month				
Employee Last Name	Emp	ployee First Name		Employee Armed Registration Number	
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