



ARIZONA DEPARTMENT OF PUBLIC SAFETY

SECURITY GUARD/PRIVATE INVESTIGATOR GOOD-CAUSE EXCEPTION

To apply for a Good Cause Exception, an applicant shall submit ten **(10)** copies of the following materials to the Board within 60 days from the date on the Department's Denial Notice

1. A good-cause exception application form (this form).
2. Two letters of reference, on the attached form(s), that attest to the applicant's rehabilitation and meet the following requirements:
 - a. One letter of reference from an individual who has known the applicant at least one year; and
 - b. At least one letter of reference is from the applicant's current or former employer or an individual who has known the applicant at least three (3) years
3. If the Department's notice indicates that the Department was unable to determine the disposition of a felony charge, a copy of documents from the appropriate court showing the disposition of the felony charge or showing that records regarding the felony charge against the applicant either do not exist or have been purged; and
4. For every felony conviction, regardless of whether the conviction is listed on the Department's notice, a copy of documents from the appropriate court showing that the applicant met all judicially imposed sentencing terms or that records regarding the applicant either do not exist or have been purged.
5. An applicant may submit other documents that the applicant wants the Board to consider in determining whether to grant a good-cause exception.

NOTE: if all items listed are not included, this packet will be returned.

APPLICANT INFORMATION					
FULL LEGAL NAME			ANY OTHER NAMES EVER USED		
DATE OF BIRTH	HOME TELEPHONE NUMBER		DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
MAILING ADDRESS		CITY		STATE	ZIP CODE
LIST ALL FELONY ARRESTS NOT LISTED ON THE DEPARTMENT'S NOTICE:					
CHARGE			WHO ELSE WAS INVOLVED IN THE EVENT LEADING TO THE ARREST?		
CIRCUMSTANCES LEADING TO THE ARREST					
MITIGATING CIRCUMSTANCES, IF ANY					
DISPOSITION OF THE CHARGE					
TERMS OF SENTENCING, IF ANY					
HAVE THE SENTENCING TERMS BEEN COMPLETED SATISFACTORILY? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Arizona Department of Public Safety Security Guard/Private Investigation Licensing Unit

Mailing: PO Box 6328, MD 3140, Phoenix, AZ 85005-6328

Physical: 2222 West Encanto Boulevard, Phoenix, AZ 85009
(602) 223-2361

GOOD-CAUSE EXCEPTION

CONTINUATION OF ALL FELONY ARRESTS NOT LISTED ON THE DEPARTMENT'S NOTICE:

CHARGE	WHO ELSE WAS INVOLVED IN THE EVENT LEADING TO THE ARREST?
CIRCUMSTANCES LEADING TO THE ARREST	
MITIGATING CIRCUMSTANCES, IF ANY	
DISPOSITION OF THE CHARGE	
TERMS OF SENTENCING, IF ANY	
HAVE THE SENTENCING TERMS BEEN COMPLETED SATISFACTORILY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CHARGE	WHO ELSE WAS INVOLVED IN THE EVENT LEADING TO THE ARREST?
CIRCUMSTANCES LEADING TO THE ARREST	
MITIGATING CIRCUMSTANCES, IF ANY	
DISPOSITION OF THE CHARGE	
TERMS OF SENTENCING, IF ANY	
HAVE THE SENTENCING TERMS BEEN COMPLETED SATISFACTORILY? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACKNOWLEDGEMENT

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 in and for (State)

My commission expires: _____

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GOOD-CAUSE EXCEPTION - REFERENCE

REFERENCE NAME	PHONE NUMBER	EMAIL ADDRESS
RELATIONSHIP		YEARS KNOWN APPLICANT
SIGNATURE		DATE
REFERENCE INFORMATION – PLEASE PROVIDE YOUR OBSERVATIONS OF THE CANDIDATE THAT REFLECT THEIR REHABILITATION, WORK ETHIC, CHARACTER, OR ANY ADDITIONAL DETAILS YOU FEEL ARE APPROPRIATE TO INCLUDE.		

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