## **Instructions**

Under penalty of perjury I attest to the company's compliance with its internal procedures that require a background investigation for each of its security guards, pursuant to A.R.S. §32-2606(3)

COMPANY NAME		
COMPANY ADDRESS		
PLEASE INITIAL IN BOXES AFTI	ER READING BELOW:	
I understand each armed guar eight hours of refresher training	d must complete sixteen hours of firearms trange ach year thereafter.	ining initially and complete an additional
I understand if the security gu standards established by the d	ard wears a uniform or badge, the uniform or epartment.	badge must strictly conform to the
	st annually submit an affidavit to the departm rocedures that require a background investiga	
I certify (or declare) under penalty o	f perjury under the laws of the State of Ar	izona that the foregoing is true and correct.
RESPONSIBLE PARTY PRINTED NAME	TITLE	
RESPONSIBLE PARTY SIGNATURE		DATE Expires one year from above date
	ACKNOWLEDGMEN	T
THE STATE OF	)	
County of	)	
On this day of	, 20, before me pers	onally appeared,
be the person who he or she claims to be	, whose identity was provoe, and acknowledged that he or she signed the	ven to me on the basis of satisfactory evidence to me above/attached document.
(SEAL)		
	Notary Public in	n and for (State)
	My commission	expires