

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal Statutes, state statutes pursuant to pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determination; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFT, 16.34. You can find additional information on the FBI website at

<https://www.fbi.gov/about-us/cjis/background-checks>

To obtain a copy of your Arizona criminal history record to review, update or correct, you can contact Arizona Department of Public Safety Central State Repository Unit at (602) 223-2222 or go to

<https://www.azdps.gov/services/public/records/criminal> to obtain a Review and Challenge packet.

KEEP THIS PAGE FOR YOUR RECORDS / DO NOT RETURN TO DPS

**By signing this security guard and private investigator licensing application,
you are acknowledging you have read this "Privacy Act Statement"**



ARIZONA DEPARTMENT OF PUBLIC SAFETY

ARMED SECURITY GUARD EMPLOYEE REGISTRATION APPLICATION

☐ INITIAL Armed Employee ¹☐ NEW Armed Employee ²☐ RENEWAL Armed Employee *☐ Upgrade To Armed☐ Additional Armed SG Employer

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 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 Armed SG Employee** is an Applicant that has never applied for an Armed SG Employee registration card in Arizona.
2. **New Armed SG Employee** is an Applicant that has previously applied for an Armed SG Employee registration card in Arizona but does not have an active Armed SG Employee card.

The DPS Licensing Unit only accepts: Money orders, Cashiers' checks, Agency's business checks, or Cash in the exact amount

PART A - EMPLOYER TO COMPLETE THIS SECTION

AGENCY			AGENCY LICENSE NUMBER		EXPIRATION DATE	
MAILING ADDRESS OF AGENCY		SUITE	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER
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	DATE OF BIRTH	HEIGHT ____ FT ____ IN	WEIGHT ____ LBS	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	EYE COLOR	HAIR COLOR
HOME STREET ADDRESS		APT/LOT #	CITY	STATE	ZIP CODE	
MAILING ADDRESS (STREET OR P.O. BOX)		APT/LOT #	CITY	STATE	ZIP CODE	
HOME PHONE	CELL PHONE	FAX NUMBER	EMAIL ADDRESS			

APPLICATIONS SUBMITTED WITHOUT THE FOLLOWING QUESTIONS ANSWERED WILL BE RETURNED

YES	NO	QUESTION
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever served in the United States Armed Forces? If YES, attach a copy of your DD214 showing the conditions of your discharge.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a prohibited possessor under state or federal law?
<input type="checkbox"/>	<input type="checkbox"/>	Are you an Arizona Department of Public Safety employee, reserve or volunteer?
<input type="checkbox"/>	<input type="checkbox"/>	Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug or any other controlled Substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medical or recreational purposes in the state where you reside.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution?
<input type="checkbox"/>	<input type="checkbox"/>	I have read the FBI Fingerprint Privacy Act Statement.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony or misdemeanor, or currently have a charge pending? If Yes, please explain: _____

YOU MUST SIGN THIS APPLICATION! UNSIGNED APPLICATIONS WILL BE RETURNED!

I certify that all 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.

APPLICANT SIGNATURE _____

DATE _____

↓ 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"/>
PHOTO NUMBER		DPS BADGE NUMBER	

Security Guard/Private Investigator Licensing Unit

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