ARIZONA DEPARTMENT OF PUBLIC SAFETY

ARMED SECURITY GUARD ROSTER

Mail to: **Arizona Department of Public Safety**

SGPI Licensing Unit P.O. Box 6328, Mail Drop 3140 Phoenix, AZ 85005-6328

Email to: licensingcomplaints@azdps.gov (602) 223-2728

ursuant to A.R.S. § 32-2632D GENCY NAME	*R	osters are due by the	ne 10 th of each following month	
GENCY NAME	AGEN	CY LICENSE NUMBER	FOR MONTH / YEAR*	
REPARED BY	I		PHONE NUMBER	
EMPLOYEE LAST NAME	EMPLOYEE FIRST NA	ME I	MPLOYEE ARMED ISTRATION NUMBER	