

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

**SECURITY GUARD FIREARMS-SAFETY
INSTRUCTOR APPLICATION**☐ **INITIAL***,1☐ **NEW***,2☐ **RENEWAL***

FOR DPS USE ONLY

Instructor # _____

Exp. Date _____

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 SG firearms-safety instructor is an Applicant that has never applied for a SG firearms-safety instructor registration card in Arizona.
2. New SG firearms-safety instructor is an Applicant that has previously applied for a SG firearms-safety instructor card in Arizona, but does not have active SG firearms-safety instructor cards.

The DPS Licensing Unit only accepts: Money orders, Cashiers' checks, Agency's business checks, or Cash in the exact amount**THIS SECTION TO BE COMPLETED BY APPLICANT/INSTRUCTOR**

| | | | | | | | |
|---|---------------|------------------------|----------------|------------------------|---------------|-----------|------------|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | | | |
| DRIVERS LICENSE OR ID NUMBER | | STATE OF ISSUANCE | | SOCIAL SECURITY NUMBER | | | |
| GENDER <input type="checkbox"/> M <input type="checkbox"/> F | DATE OF BIRTH | STATE/COUNTRY OF BIRTH | ORIGIN/RACE | HEIGHT | WEIGHT | 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 | BUSINESS PHONE | | EMAIL ADDRESS | | |

PLEASE CHECK "YES" OR "NO" TO EACH QUESTION BELOW

| 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 from service. |
| <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"/> | Do you meet all the qualifications of a firearms-safety instructor listed in ARS §32-2625 and Arizona Administrative Code Title 13, Chapter 6, Article 7, R-13-6-701? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you include the money order, cashiers' check made payable to DPS or cash in the exact amount, for the Security Guard Firearm-Safety Instructor processing fee in your application packet? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you include a fingerprint card with your application, so DPS can conduct a state and federal level criminal background check? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you include a current copy of the front of your NRA card showing the expiration date, Arizona POST certification, or Federal firearms certification in your application packet? |
| <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: |

I attest that, to the best of my knowledge, all answers on this application are true. I understand that I may be subject to criminal prosecution for falsification or misrepresentation of any document provided to DPS in the application process. I understand that falsification or misrepresentation is grounds for denial or revocation of instructor approval.

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 | CREDENTIAL TYPE | CREDENTIAL NUMBER | CREDENTIAL EXPIRATION | SIGN | DATE | CITZ | QTNS | FEE | FP / C | PICT | CRED |
| | | | | <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 | | | | | | | | |

Security Guard/Private Investigator Licensing Unit
PO Box 6328, MD 3140, Phoenix, AZ 85005-6328