

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 review, update or correct, you can contact Arizona Department of Public Safety Central State Repository Unit at (602) 223-2000.

The issuance of a registration certificate at any prior time does not confer a vested right or guarantee future eligibility. Each application is reviewed independently based on the applicant's current criminal history record and the Department's statutory obligations under A.R.S. §§ 41-1758.03 and 41-1758.07, as interpreted under current law.

When evaluating out-of-state offenses, the Department is required to determine whether the offense is the same as or similar to a precluding offense under Arizona law. This determination is based on statutory elements, not on prior administrative outcomes.

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

FINGERPRINT AFFIDAVIT FOR PRIVATE INVESTIGATOR AND SECURITY GUARD LICENSING

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the FD258 fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. DO NOT put your fingerprint payment in this envelope.
5. Once the prints have been taken, place the FD258 fingerprint card **AND** this form into an envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant. **Do not give the applicant the fingerprint card without first sealing it inside the envelope.**

PRINT the following information:

DATE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
APPLICANT NAME		
FINGERPRINT TECHNICIAN NAME		
FINGERPRINT TECHNICIAN'S SIGNATURE		
FINGERPRINT TECHNICIAN'S AGENCY/ COMPANY		
TYPE OF PHOTO ID (check one)		
☐ Driver's License	☐ Passport	☐ Other (Please Specify)
DL# _____	Passport# _____	_____

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



ARIZONA DEPARTMENT OF PUBLIC SAFETY

ARMED SECURITY GUARD EMPLOYEE REGISTRATION APPLICATION☐ **NEW Armed Employee**☐ **RENEWAL Armed Employee**☐ **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*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
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 ☐ M ☐ F	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	EMAIL ADDRESS			

APPLICATIONS SUBMITTED WITHOUT THE FOLLOWING QUESTIONS ANSWERED WILL BE RETURNED

YES	NO	QUESTION
☐	☐	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.
☐	☐	Have you ever served in the United States Armed Forces? If YES, attach a copy of your DD214 showing the conditions of your discharge.
☐	☐	Are you a prohibited possessor under state or federal law?
☐	☐	Are you an Arizona Department of Public Safety employee, reserve or volunteer?
☐	☐	Are you currently addicted to any controlled substance, meaning that you demonstrate a pattern of compulsive use characterized by impaired control over your use? If yes, please explain.

Security Guard/Private Investigator Licensing Unit

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ARMED SECURITY GUARD EMPLOYEE REGISTRATION APPLICATION - Continued

YES	NO	QUESTION
☐	☐	Do you currently and regularly use any controlled substance over an extended period of time without a lawful prescription, or substantially differently from a lawful prescription? If yes, identify the substance and briefly describe the frequency, duration, and recency of use. Notice: Marijuana remains a controlled substance under federal law. However, a "yes" answer does not by itself establish that an applicant is prohibited from possessing a firearm or automatically result in denial. DPS may request additional information necessary to determine eligibility under applicable state and federal law.
☐	☐	Have you ever been adjudicated mentally incompetent, or been subject to a judicial or statutory finding that constitutes a disqualifier under A.R.S. Title 32 or A.R.S. § 36-540?
☐	☐	I have read the FBI Fingerprint Privacy Act Statement.
☐	☐	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, 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
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
PHOTO NUMBER		DPS BADGE NUMBER	

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