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 INSTRUCTOR APPLICATION

☐ *INITIAL* ☐ *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*

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

DRIVER'S LICENSE OR ID NUMBER	STATE OF ISSUANCE	SOCIAL SECURITY NUMBER

GENDER ☐ M ☐ 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	EMAIL ADDRESS

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

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.
☐	☐	Are you an Arizona Department of Public Safety employee, reserve, or volunteer?
☐	☐	I have read the FBI Fingerprint Privacy Act Statement.
☐	☐	Do you meet all of the qualifications of a general security guard instructor listed in A.R.S. § 32-2625?
☐	☐	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?
☐	☐	Did you include a money order or cashier's check made payable to DPS, or cash in the exact amount, for the Security Guard Instructor processing fee in your application packet?
☐	☐	Did you include a fingerprint card with your application, so DPS can conduct a state and federal-level criminal background check?
☐	☐	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, 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 ☐

PHOTO NUMBER	DPS BADGE

Security Guard/Private Investigator Licensing Unit
PO Box 6328, MD 3140, Phoenix, AZ 85005-6328 / 2222 West Encanto Boulevard, Phoenix, AZ 85009
(602) 223-2361