# 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

# RESIDENT MANAGER APPLICATION

☐ Initial RM application
Section A, B, C, D, E, F, & G

☐ Renewal of RM application
Section A, B, C, D, E, & F

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 of your criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

AGENCY

RM

**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***

## SECTION A - RESIDENT MANAGER INFORMATION

| LAST NAME | FIRST NAME | MIDDLE NAME |
|---|---|---|
| | | |

| DATE OF BIRTH | PLACE OF BIRTH *(City & State)* | HEIGHT | WEIGHT | EYE COLOR | HAIR COLOR | GENDER |
|---|---|---|---|---|---|---|
| | | ____ FT.____ IN. | _____ LBS. | | | ☐ M ☐ F |

| HOME STREET ADDRESS | APT/LOT # | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | | | |

| MAILING ADDRESS (STREET OR P.O. BOX) ☐ SAME AS HOME ADDRESS | APT/LOT # | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | | | |

| SOCIAL SECURITY NUMBER | HOME PHONE | CELL PHONE | BUSINESS PHONE |
|---|---|---|---|
| | | | |

| LIST OF OTHER NAME(S) YOU HAVE USED | EMAIL ADDRESS |
|---|---|
| | |

## SECTION B - WORK EXPERIENCE / EMPLOYMENT HISTORY - *Include supporting documents*

LIST PAST 5 YEARS OF WORK EXPERIENCE; ALSO LIST ANY JOBS WHICH REFLECT THE MINIMUM QUALIFICATIONS. USE A SEPARATE SHEET OF PAPER IF NECESSARY

| COMPANY NAME | TITLE | DATE (To/From) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## SECTION C - REQUIRED - *Complete page two of this application and answer the following questions*

| YES | NO | QUESTION |
|---|---|---|
| ☐ | ☐ | Do you meet each and every qualification for the license you are seeking? |
| ☐ | ☐ | Are you an Arizona Department of Public Safety Employee, Reserve or Volunteer? |
| ☐ | ☐ | 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. |
| ☐ | ☐ | I have read the FBI Fingerprint Privacy Act Statement. |
| ☐ | ☐ | 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? |
| ☐ | ☐ | Have you ever been convicted of a felony or misdemeanor, or currently have a charge pending? If Yes, please explain on back of this page: |

In order to permit the Arizona Department of Public Safety to make a thorough investigation of my background, pursuant to the laws of Arizona, I hereby authorize any person or legal entity to release and transmit to AZ DPS agents or employees any information or data regarding my employment record and personal character. I release any organization and all persons(s) whomsoever from any charge because of furnishing said information. Further, I certify that all of the foregoing statements are true and correct to the best of my knowledge. I understand that my license may be denied and that I may be charged with a criminal offense for knowingly making any false statements or omissions on the 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).

PRINTED NAME OF APPLICANT _____ APPLICANT SIGNATURE _____ DATE _____

## NOTARY PUBLIC ACKNOWLEDGMENT

The State of _____ County of _____

On this ____ day of _____, 20____, before me personally appeared, _____ whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be, and acknowledged that he or she signed the above/attached document.

(Seal)

Notary Public Signature _____

Notary Public in and for (State) _____

My commission expires _____

# RESIDENT MANAGER APPLICATION - Continued

## SECTION D - AGENCY NAME AND ADDRESS

| AGENCY NAME | PHONE NUMBER |
|---|---|
| | |

| DBA NAME |
|---|
| |

| PRINCIPAL BUSINESS ADDRESS (STREET, CITY, STATE, ZIP) | FAX NUMBER |
|---|---|
| | |

| PRINCIPAL MAILING ADDRESS OR ☐ SAME AS BUSINESS ADDRESS |
|---|
| |

| BRANCH OFFICES IN ARIZONA | STREET | CITY/ZIP | PHONE NUMBER |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## SECTION E - AGENCY'S CORPORATE STRUCTURE

☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ OTHER _____

IF OTHER THAN A SOLE PROPRIETORSHIP, INCLUDE PROPERLY SIGNED AND REGISTERED PARTNERSHIP AGREEMENT, ARTICLES OF ORGANIZATION, OR ARTICLES OF INCORPORATION. OUT OF STATE CORPORATIONS MUST REGISTER WITH THE ARIZONA CORPORATION COMMISSION AS A FOREIGN CORPORATION AUTHORIZED TO CONDUCT BUSINESS IN ARIZONA.

LIST BELOW EACH PARTNER, OFFICER/DIRECTOR OR LLC MEMBER/MANAGER OF THE AGENCY. LIST ADDITIONAL PERSONS ON A SEPARATE SHEET OF PAPER

| NAME | TITLE |
|---|---|
| | |
| | |
| | |
| | |

## SECTION F - TRAINING INSTRUCTORS FOR ARMED AND UNARMED SECURITY GUARDS

**SECURITY GUARD FIREARMS-SAFETY AND GENERAL TRAINING INSTRUCTOR(S) THAT WILL PROVIDE TRIANING FOR YOUR AGENCY**

| NAME OF INSTRUCTOR | TYPE OF INSTRUCTOR | INSTRUCTOR LICENSE NUMBER | EXPIRATION DATE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## SECTION G - GENERAL AGENCY INFORMATION

PROVIDE A BRIEF STATEMENT, DESCRIBING THE NATURE OF THE BUSINESS IN WHICH YOU INTEND TO ENGAGE. Use a separate sheet of paper if necessary

## ↓ FOR DPS USE ONLY ↓

| DATE ISSUED | EXPIRATION DATE | REGISTRATION NUMBER | AUTH ☐ | CITZ ☐ | QTNS ☐ | FEE ☐ | FP / C ☐ | PICT ☐ | LIA ☐ | WC ☐ | AT ☐ | BT ☐ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |

| PHOTO NUMBER | DPS BADGE |
|---|---|
| | |