



ARIZONA DEPARTMENT OF PUBLIC SAFETY

Arizona Department of Public Safety • PO Box 6328 MD 3140 • Phoenix, AZ • 85005-6328.

SECURITY GUARD REGISTRATION APPLICATION

Please select type of application

- Initial unarmed SG application *, 5
- Initial armed SG application *, 2, 3, 5
- Renewal unarmed SG application *, 1, 5
- Renewal armed SG application *, 3, 5
- Upgrade to armed SG application *, 2, 6
- Initial SG associate application *, 4
- Renewal SG associate application *, 4
- Additional employer-Armed-New agency

PLEASE INCLUDE A PHOTOCOPY OF A GOVERNMENT ISSUED IDENTIFICATION CARD: Driver's license, Passport, Etc.*

APPLICANTS MUST INCLUDE AN ADDITIONAL \$22 FOR THE FBI FINGERPRINT PROCESSING FEE

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.

- ¹ Part A is NOT required on Unarmed renewals
- ² Armed applicants with military experience MUST attach a copy of DD214
- ³ Includes an unarmed guard card
- ⁴ Associate is defined as a partner or corporate officer.
- ⁵ Complete the Unarmed verification
- ⁶ Complete the Armed verification

PART A - Employer <i>Complete this section</i>	AGENCY NAME:		AGENCY LICENSE NUMBER:		EXPIRATION DATE:		
	BUSINESS STREET ADDRESS:			SUITE:	CITY:	STATE	ZIP CODE
	PRINTED NAME OF AUTHORIZED SIGNER			TITLE OF SIGNER			
	<i>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.</i>						
_____ <i>Authorizing Signature</i>				_____ <i>Date of Signature</i>			

PART B - Employee/Applicant <i>To complete this section</i>	LAST NAME		FIRST NAME		MIDDLE NAME		
	LIST OTHER NAME(S) YOU HAVE USED				SOCIAL SECURITY NUMBER		
	STATE/COUNTRY OF BIRTH	BIRTH DATE (MM / DD / YYYY)	HEIGHT FT. IN.	WEIGHT LBS.	SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	EYE COLOR	HAIR COLOR
	HOME STREET ADDRESS		APT. NO.	CITY	STATE	ZIP CODE	
	MAILING ADDRESS (STREET OR P.O. BOX)		APT. NO.	CITY	STATE	ZIP CODE	
	HOME PHONE NUMBER	CELL PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS			

APPLICATIONS SUBMITTED WITHOUT THE FOLLOWING QUESTIONS ANSWERED WILL BE RETURNED.

- ARE YOU A PROHIBITED POSSESSOR UNDER STATE OR FEDERAL LAW? YES NO
- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, OR CURRENTLY HAVE A CHARGE PENDING? YES NO
- IF YES, Please Explain: _____
- ARE YOU AN ARIZONA DEPARTMENT OF PUBLIC SAFETY EMPLOYEE, RESERVE OR VOLUNTEER? YES NO

YOU MUST SIGN THIS APPLICATION! UNSIGNED APPLICATIONS WILL BE RETURNED!

I certify that all of 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, 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.

X _____
Applicant's Signature _____
Date of Signature

PART C <i>UNARMED VERIFICATION if applicable.</i>	As required by A.R.S. §32-2632, the above named security guard has completed the minimum 8-hour unarmed training program conducted by:		
	_____ <i>Name of Unarmed Trainer (Print Legibly)</i>	_____ <i>Signature of Unarmed Trainer (per AAC R13-6-601)</i>	_____ <i>DATE UNARMED TRAINING COMPLETED</i>
_____ <i>Signature of Qualifying Party or Resident Manager of Hiring/Sponsoring Security Guard Agency (per AAC R13-6-601)</i>			_____ <i>Date of Signature</i>

PART D <i>ARMED TRAINING VERIFICATION if applicable.</i>	As required by A.R.S. §32-2632, the above named security guard has completed the DPS approved firearms-safety training program:			
	TYPE OF WEAPON QUALIFIED WITH <input type="checkbox"/> Revolver <input type="checkbox"/> Semi-Auto	TRAINING COMPLETED <input type="checkbox"/> 16-HRS <input type="checkbox"/> 8-HRS	CERTIFICATION TYPE (NRA-type, AZPOST / ALEOAC, DOC)	DATE COMPLETED
	_____ <i>Firearm-Safety Instructor's Name (Print Legibly)</i>		_____ <i>Firearm-Safety instructor license #</i>	_____ <i>Firearm-Safety Instructor's Signature (per AAC R13-6-603)</i>
	_____ <i>SECURITY GUARD AGENCY'S NAME</i>		_____ <i>S.G. AGENCY'S LICENSE NUMBER</i>	_____ <i>IS TRAINING CURRICULUM ON FILE WITH DPS?</i>
_____ <i>Printed Name of Qualifying Party or Resident Manager (Print Legibly)</i>		_____ <i>Signature of Q.P. or Resident Manager (per AAC R13-6-603)</i>		

ISSUE DATE	EXP DATE	REG NO.	ACTIVE AGENCY <input type="checkbox"/>	AUTH SIGN <input type="checkbox"/>	WORK COMP <input type="checkbox"/>	LIA INS <input type="checkbox"/>	DPS BADGE
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