



ARIZONA DEPARTMENT OF PUBLIC SAFETY

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

SECURITY GUARD REGISTRATION APPLICATION

Include a \$10 late fee if past the expiration date

- Initial unarmed SG application *, 5
- Renewal unarmed SG application *, 1, 5

- Initial armed SG application *, 2, 3, 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
Complete this section

AGENCY NAME: _____ AGENCY LICENSE NUMBER: _____ EXPIRATION DATE: _____

BUSINESS STREET ADDRESS: _____ SUITE: _____ CITY: _____ STATE: _____ ZIP CODE: _____ BUSINESS PHONE NUMBER: _____

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: _____ BIRTH DATE (MM / DD / YYYY): _____ HEIGHT: _____ FT. _____ IN. WEIGHT: _____ LBS. SEX: MALE FEMALE 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
UNARMED VERIFICATION
if applicable.

As required by A.R.S. §32-2632, the above named security guard has completed the minimum 8-hour unarmed training program conducted by:

Name of Unarmed Trainer (Print Legibly) _____ Signature of Unarmed Trainer (per AAC R13-6-601) _____ DATE UNARMED TRAINING COMPLETED _____

Signature of Qualifying Party or Resident Manager of Hiring/Sponsoring Security Guard Agency (per AAC R13-6-601) _____ Date of Signature _____

PART D
ARMED TRAINING VERIFICATION
if applicable.

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	TRAINING COMPLETED	CERTIFICATION TYPE (NRA-type, AZPOST / ALEOAC, DOC)	DATE COMPLETED
<input type="checkbox"/> Revolver <input type="checkbox"/> Semi-Auto	<input type="checkbox"/> 16-HRS <input type="checkbox"/> 8-HRS		

Firearm-Safety Instructor's Name (Print Legibly) _____ Firearm-Safety instructor license # _____ Firearm-Safety Instructor's Signature (per AAC R13-6-603) _____ Date of Signature _____

SECURITY GUARD AGENCY'S NAME _____ S.G. AGENCY'S LICENSE NUMBER _____ IS TRAINING CURRICULUM ON FILE WITH DPS? _____

Printed Name of Qualifying Party or Resident Manager (Print Legibly) _____ Signature of Q.P. or Resident Manager (per AAC R13-6-603) _____ Date of Signature _____

ISSUE DATE: _____ EXP DATE: _____ REG NO.: _____ ACTIVE AGENCY: AUTH SIGN: WORK COMP: LIA INS: DPS BADGE: _____