



ARIZONA DEPARTMENT OF PUBLIC SAFETY

SECURITY GUARD TRAINING VERIFICATION

D.P.S. LICENSING MAILING ADDRESS Arizona Department of Public Safety Mail Drop No. 1160 P. O. Box 6328 Phoenix, AZ 85005-6328

This form must be completed by a licensed security guard agency and attached to the applicant's security guard registration application.

Form with fields: SECURITY GUARD NAME, STATE LICENSE NUMBER, STREET ADDRESS (INCLUDE APARTMENT NO.), CITY, STATE, ZIP CODE, DATE OF BIRTH

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

Form with fields: AGENCY NAME, AGENCY LICENSE NO.

X SIGNATURE OF AGENCY INSTRUCTOR OR AUTHORIZED SIGNER DATE TRAINING COMPLETED



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