



ARIZONA DEPARTMENT OF PUBLIC SAFETY

SECURITY GUARD UNARMED TRAINING VERIFICATION

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

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

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

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

Form with fields: TRAINING FACILITY, TRAINER OR AGENCY NAME, AGENCY LICENSE NO., SIGNATURE OF TRAINER, DATE TRAINING COMPLETED

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

Form with fields: SIGNATURE OF QUALIFYING PARTY AND/OR RESIDENT MANAGER OF HIRING OR SPONSORING AGENCY, DATE



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