



ARIZONA DEPARTMENT OF PUBLIC SAFETY

**ARMED SECURITY GUARD
TRAINING VERIFICATION**

This form must be completed by a licensed security guard agency and mailed to the D.P.S. licensing office.

LICENSING MAILING ADDRESS

Arizona Department of Public Safety
Mail Drop No. 1160
P. O. Box 6328
Phoenix, AZ 85005-6328

SECURITY GUARD INFORMATION:

SECURITY GUARD NAME

DATE OF BIRTH

STATE LICENSE NO.

INSTRUCTOR INFORMATION: *(to be completed by instructor only)*

TYPE OF WEAPON QUALIFIED WITH

TRAINING COMPLETED

DATE COMPLETED

Revolver

Semi-Auto

16-Hours

8-Hours

CERTIFICATION TYPE (NRA-type, AZPOST / ALEOAC, DOC)

INSTRUCTOR'S AGENCY NAME

INSTRUCTOR'S NAME

X

SIGNATURE OF INSTRUCTOR

DATE

AGENCY INFORMATION:

As required by A.R.S. §32-2632, the above named security guard has completed a Department of Public Safety approved training program.

AGENCY NAME

AGENCY LICENSE NO.

TRAINING CURRICULUM ON FILE WITH DPS?

X

SIGNATURE OF QUALIFYING PARTY

DATE