

ARIZONA DEPARTMENT OF PUBLIC SAFETY

**Private Investigator/Security Guard Licensing Unit**

P. O. Box 6328, MD 3140, Phoenix, AZ 85005

2222 West Encanto Blvd. Phoenix, AZ 85009

(602) 223-2361



**CARD REPLACEMENT REQUEST**

Registration certificate cards are \$10.00 each. DPS accepts money orders, cashier's or certified checks or cash; payable to **DPS**  
**CREDIT CARDS, DEBIT CARDS AND PERSONAL CHECKS ARE NOT ACCEPTED**

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

**ALL SECTIONS OF THIS FORM MUST BE COMPLETED BEFORE IT CAN BE PROCESSED**

This is to notify the Arizona Department of Public Safety in writing that my registration card has been lost or stolen, and a replacement registration card is requested.

This is to notify the Arizona Department of Public Safety of a change of name by marriage or other legal means. **Applicant must submit a government issued photo identification card or copy of court documents recording the name change.**

**Since receiving your previous DPS issued Security Guard or Private Investigator identification card, have you been convicted of a felony or misdemeanor, or currently have a charge pending?**  
**YES**  **NO**  If YES, then please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Type of registration certificate card requested:**

<b>SECURITY GUARD</b>	<b>PRIVATE INVESTIGATOR</b>
<input type="checkbox"/> Unarmed guard card	<input type="checkbox"/> Private investigator card
<input type="checkbox"/> Armed guard card	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

Residence Address: \_\_\_\_\_  
Street Name & Number Apt /Lot #

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Name & Number Apt /Lot #

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature Date