ARIZONA DEPARTMENT OF PUBLIC SAFETY

SECURITY GUARD / PRIVATE INVESTIGATOR REGISTRATION APPLICATION

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

INSTRUCTIONS

1. **Check ONLY ONE box below**
2. Complete the application BEFORE mailing.
3. PRINT or TYPE ALL INFORMATION requested.
4. Fill in all spaces. Print "DNA" or "does not apply" in areas which you have no information to provide.
5. Mail this application, fingerprint card, appropriate training form(s), photographs, and fees to the **Arizona Department of Public Safety Licensing Unit.**
6. Application must be signed. Unsigned applications will be returned.

SECURITY GUARD REGISTRATION		PRIVATE INVESTIGATOR REGISTRATION
☐ **Initial unarmed application ***	☐ **Duplicate armed application**	☐ **Initial employee application ***
☐ **Renewal unarmed application * [1]**	☐ **Initial associate application * [4]**	☐ **Renewal employee application ***
☐ **Initial armed application * [2, 3]**	☐ **Renewal associate application * [4]**	☐ **Initial associate application * [4]**
☐ **Renewal armed application * [3]**		☐ **Renewal associate application * [4]**
☐ **Upgrade to armed application * [2]**	*Include a $10 late fee if past expiration date*	*Include a $10 late fee if past expiration date*

*** APPLICANTS MUST INCLUDE AN ADDITIONAL $22 FOR THE FBI FINGERPRINT PROCESSING FEE**

[1] ***Part A is NOT required (UNARMED RENEWAL ONLY)*** [2] ***Armed applicants with military experience MUST attach a copy of DD214*** [3] **Includes an *unarmed guard card*** [4] ***Associate is defined as partner, corporate officer / director or member / manager.***

PART A — *EMPLOYER / LICENSEE TO COMPLETE THIS SECTION*

AGENCY NAME:	AGENCY LICENSE NUMBER:	EXPIRATION DATE:

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

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.

Printed Name _____ *Title* _____

Authorizing Signature _____ *Date* _____

PART B — *EMPLOYEE / APPLICANT TO COMPLETE THIS SECTION*

LAST NAME	FIRST NAME	MIDDLE NAME

LIST OTHER NAME(S) YOU HAVE USED	SOCIAL SECURITY NUMBER

SEX ☐ MALE ☐ FEMALE	BIRTH DATE (MM / DD / YYYY)	STATE / COUNTRY OF BIRTH	HOME PHONE NUMBER	CELL PHONE NUMBER

HOME STREET ADDRESS	APT. NO.	CITY	STATE	ZIP CODE

MAILING ADDRESS (STREET OR P.O. BOX)	APT. NO.	CITY	STATE	ZIP CODE

E-MAIL ADDRESS	HEIGHT FT. IN.	WEIGHT LBS.	EYE COLOR	HAIR COLOR

IF APPLYING FOR A NEW ARMED GUARD REGISTRATION, RENEWAL OF AN ARMED GUARD REGISTRATION, OR AN UPGRADE TO AN ARMED REGISTRATION, YOU MUST ANSWER THE FOLLOWING QUESTION.

ARE YOU A PROHIBITED POSSESSOR UNDER STATE OR FEDERAL LAW? YES ☐ NO ☐

IF APPLYING FOR A NEW PRIVATE INVESTIGATOR EMPLOYEE REGISTRATION, RENEWAL OF A PRIVATE INVESTIGATOR EMPLOYEE REGISTRATION, OR AS A PRIVATE INVESTIGATION ASSOCIATE, YOU MUST ANSWER THE FOLLOWING QUESTION:

ARE YOU A PEACE OFFICER OR RESERVE PEACE OFFICER? YES ☐ NO ☐

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*

FOR AZ DPS USE ONLY ***FOR AZ DPS USE ONLY*** ***FOR AZ DPS USE ONLY*** **Rev. 04-11-2012**

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

DATE	REMARKS