



# ARIZONA DEPARTMENT OF PUBLIC SAFETY

## SECURITY GUARD / PRIVATE INVESTIGATION AGENCY APPLICATION

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

### INSTRUCTIONS:

1. Complete both sides of the application BEFORE mailing to the Arizona Department of Public Safety.
2. PRINT or TYPE ALL INFORMATION requested.
3. Fill in all spaces. Print "DNA" for "does not apply" in those areas which you have no information to provide. Do not omit any information.
4. Sign on the bottom of the page, witnessed by a Notary Public. Unsigned applications will be returned.
5. Mail this application, fingerprint card, documented verification of qualifying work experience, photographs, partnership or corporation papers and fees to the Arizona Department of Public Safety.
6. Use this form if applying as the Qualifying Party of an agency or Resident Manager.
7. Fees are subject to change. Refer to current fee schedule.

### APPLICATION IS FOR (SELECT ONE):

#### SECURITY GUARD AGENCY

- New Agency application \$500.00\*
- Renewal \$500.00\*  
(Complete sections A, B, D, & E)
- Resident Manager \$50.00\*
- Restructure \$100.00

#### PRIVATE INVESTIGATION AGENCY

- New Agency application \$250.00\*
- Renewal \$250.00\*  
(Complete sections A, B, D, & E)
- Restructure \$100.00

### FOR DPS USE ONLY

AGENCY #

QP / RM #

**\*Applicants must include an additional \$22.00 for the fingerprint processing fee\***

### SECTION A

#### APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
BIRTHDATE (MM/DD/YYYY)	PLACE OF BIRTH (CITY & STATE)	HEIGHT FT. IN.	WEIGHT LBS.	EYE COLOR	HAIR COLOR
HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)		SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			
MAILING ADDRESS OR <input type="checkbox"/> SAME AS HOME ADDRESS					
SOCIAL SECURITY NUMBER	HOME PHONE	CELL PHONE	BUSINESS PHONE		
LIST OF OTHER NAME(S) YOU HAVE USED				E-MAIL ADDRESS	

### SECTION B

#### REQUIRED – Complete side two of this application and answer the following questions:

- HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE UNITED STATES?** YES  NO
- Do you meet each and every qualification for the type of license you are seeking?** YES  NO
- If you are applying for a new or renewing a Private Investigation Agency 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

In order to permit the Arizona Department of Public Safety to make a thorough investigation of my background, pursuant to the laws of Arizona, I hereby authorize any person or legal entity to release and transmit to AZ DPS agents or employees, any information or data regarding my employment record and personal character. I release any organization and all person(s) whomsoever from any charge because of furnishing said information. Further, I certify that all of the foregoing statements are true and correct to the best of my knowledge. I understand that my license may be denied and that I may be charged with a criminal offense for knowingly making any false statements or omissions on the 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.

**SIGN THIS APPLICATION WITNESSED BY A NOTARY PUBLIC.** (Renewals do not need to be notarized.)

\_\_\_\_\_  
Applicant signature Date Notary Public

### FOR AZ DPS USE ONLY

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DATE ISSUED	EXPIRATION DATE	LIABILITY <input type="checkbox"/>	WORKER'S COMP <input type="checkbox"/>	BOND <input type="checkbox"/>	DPS BADGE NUMBER
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REMARKS:

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**SECTION C EMPLOYMENT HISTORY**

LIST PAST 5 YEARS OF WORK EXPERIENCE; ALSO LIST ANY JOBS WHICH REFLECT THE MINIMUM QUALIFICATIONS. USE A SEPARATE SHEET OF PAPER IF NECESSARY.

NAME	TITLE	DATE (TO/FROM)

**SECTION D AGENCY INFORMATION**

AGENCY NAME		PHONE NUMBER
PRINCIPAL BUSINESS ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> CHECK IF NEW ADDRESS (RENEWALS ONLY)		FAX NUMBER
PRINCIPAL MAILING ADDRESS OR <input type="checkbox"/> SAME AS BUSINESS ADDRESS		
BRANCH OFFICES IN ARIZONA	STREET	CITY/ZIP

**SECTION E AGENCY STRUCTURE**

SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION  LLC  OTHER \_\_\_\_\_

IF OTHER THAN A SOLE PROPRIETORSHIP, INCLUDE PROPERLY SIGNED AND REGISTERED PARTNERSHIP AGREEMENT, ARTICLES OF ORGANIZATION, OR ARTICLES OF INCORPORATION. OUT OF STATE CORPORATIONS MUST REGISTER WITH THE ARIZONA CORPORATION COMMISSION AS A FOREIGN CORPORATION AUTHORIZED TO CONDUCT BUSINESS IN ARIZONA.

LIST BELOW EACH PARTNER, OFFICER/DIRECTOR OR LLC MEMBER/MANAGER OF THE AGENCY. LIST ADDITIONAL PERSONS ON A SEPARATE SHEET OF PAPER

NAME	TITLE

**SECTION F FOR ARMED SECURITY GUARD AGENCIES ONLY**

SECURITY GUARD FIREARMS-SAFETY INSTRUCTOR OR FIREARMS-SAFETY TRAINING FACILITIES THAT WILL PROVIDE THE ARMED TRAINING FOR YOUR AGENCY

NAME OF FIREARMS-SAFETY INSTRUCTOR OR FIREARMS-SAFETY TRAINING FACILITY	INSTRUCTOR OR FACILITY LICENSE NUMBER

**SECTION G GENERAL**

PROVIDE A BRIEF STATEMENT, DESCRIBING THE NATURE OF THE BUSINESS IN WHICH YOU INTEND TO ENGAGE. USE A SEPARATE SHEET OF PAPER IF NECESSARY.