



# ARIZONA DEPARTMENT OF PUBLIC SAFETY

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

## SECURITY GUARD AGENCY APPLICATION

**INSTRUCTIONS**

1. Complete both pages 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.
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 or Resident Manager of a security guard agency.
7. Fees are subject to change. Refer to current fee schedule.

AGCY#

QP/RM #

**Include a \$100 late fee if past the expiration date**

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

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

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

The applicant's fingerprints will be used to check the criminal history records of the FBI. The procedures for obtaining a change, correction, or updating of your criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

| SECTION A QUALIFYING PARTY OR RESIDENT MANAGER INFORMATION       |                               |                   |                |                |            |  |
|--|-------------------------------|-------------------|----------------|----------------|------------|--|
| LAST NAME  |                               | FIRST NAME        |                | MIDDLE NAME    |            |  |
| BIRTHDATE (MM/DD/YYYY)   | PLACE OF BIRTH (CITY & STATE) | HEIGHT<br>FT. IN. | WEIGHT<br>LBS. | EYE COLOR      | HAIR COLOR | SEX<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)                     |                               |                   |                |                |            |  |
| 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:**

|   |  |
|---|--|
| <b>HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE UNITED STATES?</b>                 | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> |
| <b>DO YOU MEET EACH AND EVERY QUALIFICATION FOR THE LICENSE YOU ARE SEEKING?</b>      | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> |
| <b>ARE YOU AN ARIZONA DEPARTMENT OF PUBLIC SAFETY EMPLOYEE, RESERVE OR VOLUNTEER?</b> | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> |

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.*)

|  |      |               |
|--|------|---------------|
|  | Date | Notary Public |
|--|------|---------------|

| FOR AZ DPS USE ONLY | FOR AZ DPS USE ONLY | FOR AZ DPS USE ONLY                | Revised 10/09/2014                     |
|---------------------|---------------------|------------------------------------|--|
| DATE ISSUED         | EXPIRATION DATE     | LIABILITY <input type="checkbox"/> | WORKER'S COMP <input type="checkbox"/> |
|                     |                     |                                    | DPS BADGE NUMBER                       |
| REMARKS:            |                     |                                    |  |
|                     |                     |                                    |  |

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### SECTION C WORK EXPERIENCE / 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.

| <u>NAME</u> | <u>TITLE</u> | <u>DATE (TO/FROM)</u> |
|-------------|--------------|-----------------------|
|             |              |                       |
|             |              |                       |
|             |              |                       |
|             |              |                       |
|             |              |                       |

### SECTION D AGENCY NAME AND ADDRESS

|   |        |              |
|---|--------|--------------|
| 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'S CORPORATE 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 |
|      |       |
| NAME | TITLE |
|      |       |
| NAME | TITLE |
|      |       |
| NAME | TITLE |
|      |       |

### SECTION F FOR ARMED SECURITY GUARD AGENCIES ONLY

**SECURITY GUARD FIREARMS-SAFETY INSTRUCTOR(S) THAT WILL PROVIDE THE ARMED TRAINING FOR YOUR AGENCY**

|                                    |                           |                 |
|------------------------------------|---------------------------|-----------------|
| NAME OF FIREARMS-SAFETY INSTRUCTOR | INSTRUCTOR LICENSE NUMBER | EXPIRATION DATE |
|                                    |                           |                 |
| NAME OF FIREARMS-SAFETY INSTRUCTOR | INSTRUCTOR LICENSE NUMBER | EXPIRATION DATE |
|                                    |                           |                 |
| NAME OF FIREARMS-SAFETY INSTRUCTOR | INSTRUCTOR LICENSE NUMBER | EXPIRATION DATE |
|                                    |                           |                 |

### SECTION G GENERAL AGENCY INFORMATION

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

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