

ARIZONA DEPARTMENT OF PUBLIC SAFETY

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SECURITY GUARD AGENCY RENEWAL INSTRUCTION LETTER**

These instructions must be followed to prevent your agency renewal from being delayed.

If your renewal packet is incomplete in any way, it will be returned to you for completion. If your packet is post marked after the agency's expiration date, you must forward the late fee with your payment. Agencies not renewed prior to the expiration of the business license must cease operations until renewal has been completed. A license that has been expired for longer than 90 days may not be renewed. Renewal applications may be submitted 60 days in advance of expiration.

Renewals will be accepted by mail or drop-off only.

YOUR RENEWAL PACKET MUST CONTAIN THE FOLLOWING:

1. Completed agency renewal form, signed by the qualifying party. If the applicant is other than an individual, application shall contain the full name and title of each associate (partner, member/manager of limited liability company (LLC), corporate officer, member of the corporate board of directors).
2. Applications for all associates. The employee/applicant section of the applications must be filled out completely and signed by the applicant. The section designated for the employer/licensee should also be completed but need not be signed.
3. Renewal application for resident manager (if applicable) requires a \$74 fee (\$50 + \$24), a fingerprint card and a passport sized photo.
4. One fingerprint card with classifiable finger print images for each individual to be licensed. Fingerprints may be rolled by local law enforcement or a commercial firm. Fingerprints that are not classifiable will be returned.
5. Current certificate for liability insurance and workers' compensation coverage. Certificates must show the agency name as the insured. General liability insurance must remain in force at all times in the amount of at least \$100,000 for any one person and an aggregate total of at least \$300,000. ***If the insurer is located outside Arizona, certificates must contain a statement that the coverage extends to Arizona.*** The certificate holder must be "Arizona Department of Public Safety, Licensing Unit, P. O. Box 6328, Phoenix, AZ 85005-6328." Waivers are not accepted in lieu of workers' compensation insurance.

