



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

Applicants must include an additional \$24.00 for the fingerprint processing fee

AGENCY FOR DPS USE ONLY

POP/RM

SECTION A APPLICANT INFORMATION

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

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.

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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FOR AZ DPS USE ONLY

DATE ISSUED

EXPIRATION DATE

WORKER'S COMP

DPS BADGE NUMBER

REMARKS:

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.

<u>NAME</u>	<u>TITLE</u>	<u>DATE (TO/FROM)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION D AGENCY INFORMATION

AGENCY NAME _____

PRINCIPAL BUSINESS ADDRESS (STREET, CITY, STATE, ZIP) CHECK IF NEW ADDRESS (RENEWALS ONLY) _____ PHONE NUMBER _____

PRINCIPAL MAILING ADDRESS OR SAME AS BUSINESS ADDRESS _____

BRANCH OFFICE IN ARIZONA STREET CITY/STATE/ZIP PHONE NUMBER

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

<u>NAME</u>	<u>TITLE</u>
_____	_____
_____	_____
_____	_____

LIST ADDITIONAL PERSONS ON A SEPARATE SHEET OF PAPER

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