



ARIZONA DEPARTMENT OF PUBLIC SAFETY

SECURITY GUARD / PRIVATE INVESTIGATOR REGISTRATION APPLICATION

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

FOR DPS USE ONLY

APPLICATION FOR (Select ONE from this column)



<p>SECURITY GUARD</p> <input type="checkbox"/> Initial unarmed application <input type="checkbox"/> Renewal unarmed application ¹ <input type="checkbox"/> Initial armed application ² <input type="checkbox"/> Renewal armed application <input type="checkbox"/> Upgrade to armed application ² <input type="checkbox"/> Duplicate armed application <input type="checkbox"/> Associate application initial / renewal ³
<p>PRIVATE INVESTIGATOR</p> <input type="checkbox"/> Initial employee application <input type="checkbox"/> Renewal employee application <input type="checkbox"/> Associate application initial / renewal ³

¹ Part A is **NOT** required. (UNARMED RENEWAL ONLY)

² Armed applicants with military experience **MUST** attach a copy of DD214.

³ Associate is defined as partner, corporate officer / director or LLC member / manager.

INSTRUCTIONS

1. Complete the application BEFORE mailing.
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. Mail this application, fingerprint card, appropriate training form(s), photographs, and fees to the Arizona Department of Public Safety Licensing Unit. (see address above)
5. Application must be signed. Unsigned applications will be returned.
6. See fee schedule for current fees. All employers have fee schedules.

PART A EMPLOYER / LICENSEE TO COMPLETE THIS SECTION					
AGENCY NAME:		AGENCY LICENSE NUMBER:		EXPIRATION DATE:	
BUSINESS STREET ADDRESS:			SUITE:	CITY:	STATE ZIP CODE
<i>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.</i>					FOR DPS USE ONLY <input type="checkbox"/> Agency Active <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Liability
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 <input type="checkbox"/> MALE <input type="checkbox"/> 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

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.

X

Applicant's Signature _____ Date _____

FOR AZ DPS USE ONLY		FOR AZ DPS USE ONLY		FOR AZ DPS USE ONLY	
DATE ISSUED	EXPIRATION DATE	STATE LICENSE NUMBER	DPS BADGE NUMBER		
DATE	REMARKS				