



**ARIZONA DEPARTMENT OF PUBLIC SAFETY  
SECURITY GUARD FIREARMS-SAFETY  
INSTRUCTOR APPLICATION**

NEW APPLICATION       RENEWAL

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

FOR DPS USE ONLY

**Please include \$74.00\*, classifiable fingerprint card, and a copy of NRA card**

\*\$74.00 includes application fee and fingerprint processing fee. The DPS Licensing unit can only accept cash, money orders, and cashiers checks.

**THIS SECTION TO BE COMPLETED BY APPLICANT/INSTRUCTOR**

LAST NAME		FIRST NAME			MIDDLE NAME		
DRIVERS LICENSE OR ID NUMBER				STATE OF ISSUANCE		SOCIAL SECURITY NUMBER	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)	STATE / COUNTRY OF BIRTH	ORIGIN / RACE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
HOME STREET ADDRESS				APT. NO.	CITY	STATE	ZIP CODE
MAILING ADDRESS (STREET OR P.O. BOX)				APT. NO.	CITY	STATE	ZIP CODE
HOME PHONE		CELL PHONE		BUSINESS PHONE		E-MAIL ADDRESS	

Please check "YES" or "NO" to each question below

- |                          |                          |   |
|--------------------------|--------------------------|---|
| YES                      | NO                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a resident of Arizona or a United States citizen? If NO, you do not meet the requirements for obtaining an armed security guard training instructor certificate.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under indictment for a felony arrest or have you ever been convicted of a felony offense? If Yes, you do not meet the requirements for obtaining an armed security guard training instructor certificate.               |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suffer from mental illness and have been adjudicated as mentally incompetent or committed to a mental institution? If Yes, you do not meet the requirements for obtaining an armed security guard training instructor certificate. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you meet all of the qualifications of a firearms-safety instructor listed in the new administrative rules Title 13, Chapter 6, Article 7, R-13-6-701(1-7).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you include \$50.00 in cash, money order, or cashiers check made payable to DPS for the Security Guard Firearms-Safety Instructor processing fee in your application packet?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you include your classifiable applicant fingerprint card along with \$24.00 in cash, money order, or cashiers check made payable to DPS for the fingerprint processing fee in your packet?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you include a current copy of the front and back of your National Rifle Association Card in your application packet?  |

*I attest that, to the best of my knowledge, all answers on this application are true. I understand that I may be subject to criminal prosecution for falsification or misrepresentation of any document provided to DPS in the application process. I understand that falsification or misrepresentation is grounds for denial or revocation of instructor approval.*

APPLICANT SIGNATURE

DATE

**THIS SECTION TO BE COMPLETED BY TRAINING ORGANIZATION RESPONSIBLE PARTY**

TRAINING ORGANIZATION		ORGANIZATIONAL PHONE NUMBER	
ORGANIZATION ADDRESS		NAME OF RESPONSIBLE PARTY (LAST, FIRST, MI)	
PROGRAM(S) COMPLETED			COMPLETED ON

*As the responsible party, I attest the above named applicant has completed at least one firearm-safety training instructor program and is qualified under the new administrative rules Title 13, Chapter 6, Article 7, R-13-6-701(7).*

SIGNATURE OF THE TRAINING ORGANIZATION RESPONSIBLE PARTY

DATE

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ISSUE DATE:	EXP. DATE:	SLN #	BADGE #