

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal Statutes, state statutes pursuant to pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determination; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFT, 16.34. You can find additional information on the FBI website at

<https://www.fbi.gov/about-us/cjis/background-checks>

To obtain a copy of your Arizona criminal history record to review, update or correct, you can contact Arizona Department of Public Safety Central State Repository Unit at (602) 223-2222 or go to

<http://www.azdps.gov/services/public/records/criminal> to obtain a Review and Challenge packet.

KEEP THIS PAGE FOR YOUR RECORDS / DO NOT RETURN TO DPS

By signing this application, you are acknowledging you have read this "Privacy Act Statement"



ARIZONA DEPARTMENT OF PUBLIC SAFETY

ARMED SECURITY GUARD EMPLOYEE REGISTRATION APPLICATION

Initial Armed Employee, New Armed Employee, Renewal Armed Employee, Upgrade To Armed, Additional Armed SG Employer

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 your criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34

APPLICANT MUST BE A US CITIZEN OR LEGAL RESIDENT WHO IS AUTHORIZED TO SEEK EMPLOYMENT IN THE UNITED STATES

- *Include the fingerprint processing fee. See fee schedule for pricing
1. Initial Armed SG Employee is an Applicant that has never applied for an Armed SG Employee registration card in Arizona.
2. New Armed SG Employee is an Applicant that has previously applied for an Armed SG Employee registration card in Arizona but does not have an active Armed SG Employee card.

The DPS Licensing Unit only accepts: Cash (In person), Money orders, Cashiers' checks, or Agency's business checks in the exact amount

PART A - EMPLOYER TO COMPLETE THIS SECTION

Form for Part A: AGENCY, AGENCY LICENSE NUMBER, EXPIRATION DATE, MAILING ADDRESS OF AGENCY, SUITE, CITY, STATE, ZIP CODE, BUSINESS PHONE NUMBER, PRINTED NAME OF AUTHORIZED SIGNER, TITLE OF SIGNER, Authorizing Signature, Date of Signature

PART B - EMPLOYEE / APPLICANT TO COMPLETE THIS SECTION

Form for Part B: LAST NAME, FIRST NAME, MIDDLE NAME, LIST OTHER NAME(S) YOU HAVE USED, SOCIAL SECURITY NUMBER, STATE/COUNTRY OF BIRTH, DATE OF BIRTH, HEIGHT, WEIGHT, GENDER, EYE COLOR, HAIR COLOR, HOME STREET ADDRESS, APT/LOT #, CITY, STATE, ZIP CODE, MAILING ADDRESS (STREET OR P.O. BOX), APT/LOT #, CITY, STATE, ZIP CODE, HOME PHONE, CELL PHONE, FAX NUMBER, EMAIL ADDRESS

APPLICATIONS SUBMITTED WITHOUT THE FOLLOWING QUESTIONS ANSWERED WILL BE RETURNED

Table with 3 columns: YES, NO, QUESTION. Contains 6 questions regarding citizenship, military service, prohibited possession, employment status, FBI statement, and criminal history.

YOU MUST SIGN THIS APPLICATION! UNSIGNED APPLICATIONS WILL BE RETURNED!

I certify that all 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.

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.

APPLICANT SIGNATURE, DATE

FOR DPS USE ONLY

Form for DPS Use Only: DATE ISSUED, EXPIRATION DATE, REG. NUMBER, AUTH, CITZ, QTNS, FEE, FP/C, PICT, LIA, WC, BT, PHOTO NUMBER, DPS BADGE NUMBER

Security Guard/Private Investigator Licensing Unit
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