

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

SECURITY GUARD INSTRUCTOR APPLICATION (Unarmed Guard Trainer)

INITIAL^{*1} NEW^{*2} RENEWAL^{*}

FOR DPS USE ONLY	
Instructor # _____	Exp. Date _____

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*

- Initial Security Guard instructor is an Applicant that has never applied for a Security Guard instructor registration card in Arizona.
- New Security Guard instructor is an Applicant that has previously applied for a Security Guard instructor card in Arizona, but does not have an active Security Guard instructor card.

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

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"/> M <input type="checkbox"/> F	DATE OF BIRTH	STATE/COUNTRY OF BIRTH	ORIGIN/RACE	HEIGHT	WEIGHT	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		BUSINESS PHONE		EMAIL ADDRESS	

PLEASE CHECK "YES" OR "NO" TO EACH QUESTION BELOW

YES	NO	QUESTION
<input type="checkbox"/>	<input type="checkbox"/>	I have included a copy of document(s) showing I am a United States Citizen or Legal Resident of the United States who is authorized to seek employment in the United States.
<input type="checkbox"/>	<input type="checkbox"/>	Are you an Arizona Department of Public Safety employee, reserve or volunteer?
<input type="checkbox"/>	<input type="checkbox"/>	I have read the FBI Fingerprint Privacy Act Statement.
<input type="checkbox"/>	<input type="checkbox"/>	Do you meet all of the qualifications of a general security guard instructor listed in A.R.S. §32-2625?
<input type="checkbox"/>	<input type="checkbox"/>	Did you include a money order or cashiers' check made payable to DPS, or cash in the exact amount, for the Security Guard Instructor processing fee in your application packet?
<input type="checkbox"/>	<input type="checkbox"/>	Did you include a fingerprint card with your application, so DPS can conduct a state and federal level criminal background check?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony or misdemeanor, or currently have a charge pending? If Yes, please explain:

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.

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 ↓

DATE ISSUED	CREDENTIAL TYPE	CREDENTIAL NUMBER	CREDENTIAL EXPIRATION	SIGN	DATE	CITZ	QTNS	FEE	FP / C	PICT	CRED
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHOTO NUMBER			DPS BADGE								

Security Guard/Private Investigator Licensing Unit

PO Box 6328, MD 3140, Phoenix, AZ 85005-6328 / 2222 West Encanto Boulevard, Phoenix, AZ 85009

(602) 223-2361