

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

<https://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 fingerprint clearance card application, you are acknowledging you have read this "Privacy Act Statement"



ARIZONA DEPARTMENT OF PUBLIC SAFETY

RESIDENT MANAGER APPLICATION

Initial RM application*1 Section A, B, C, D, E, F, & G

New RM Application*2 Section A, B, C, D, E, F, & G

Renewal of RM application* Section A, B, C, D, E, & F

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 of 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 RM application is an Applicant that has never applied for an RM card in Arizona.
2. New RM application is an Applicant that has previously applied for an RM card in Arizona but does not have an active RM card.
The DPS Licensing Unit only accepts: Cash (in person), Money orders, Cashiers' checks, & Agency's business checks in the exact amount

SECTION A - RESIDENT MANAGER INFORMATION
LAST NAME FIRST NAME MIDDLE NAME
DATE OF BIRTH PLACE OF BIRTH (City & State) HEIGHT FT. IN. WEIGHT LBS. EYE COLOR HAIR COLOR GENDER M F
HOME STREET ADDRESS APT/LOT # CITY STATE ZIP CODE
MAILING ADDRESS (STREET OR P.O. BOX) SAME AS HOME ADDRESS APT/LOT # CITY STATE ZIP CODE
SOCIAL SECURITY NUMBER HOME PHONE CELL PHONE BUSINESS PHONE
LIST OF OTHER NAME(S) YOU HAVE USED EMAIL ADDRESS

SECTION B - WORK EXPERIENCE / EMPLOYMENT HISTORY - Include supporting documents
LIST PAST 5 YEARS OF WORK EXPERIENCE; ALSO LIST ANY JOBS WHICH REFLECT THE MINIMUM QUALIFICATIONS. USE A SEPARATE SHEET OF PAPER IF NECESSARY
COMPANY NAME TITLE DATE (To/From)

SECTION C - REQUIRED - Complete page two of this application and answer the following questions
YES NO QUESTION
Do you meet each and every qualification for the license you are seeking?
Are you an Arizona Department of Public Safety Employee, Reserve or Volunteer?
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?
I have read the FBI Fingerprint Privacy Act Statement.
Have you ever been convicted of a felony or misdemeanor, or currently have a charge pending? If Yes, please explain on back of this page:

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 persons(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.

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.

PRINTED NAME OF APPLICANT APPLICANT SIGNATURE DATE

NOTARY PUBLIC ACKNOWLEDGMENT

The State of County of
On this day of, 20, before me personally appeared, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be, and acknowledged that he or she signed the above/attached document.
(Seal) Notary Public Signature
Notary Public in and for (State)
My commission expires

RESIDENT MANAGER APPLICATION - Continued

SECTION D - AGENCY NAME AND ADDRESS			
AGENCY NAME			PHONE NUMBER
PRINCIPAL BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)			FAX NUMBER
PRINCIPAL MAILING ADDRESS OR <input type="checkbox"/> SAME AS BUSINESS ADDRESS			
BRANCH OFFICES IN ARIZONA	STREET	CITY/ZIP	PHONE NUMBER

SECTION E - AGENCY'S CORPORATE STRUCTURE	
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> 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. LIST ADDITIONAL PERSONS ON A SEPARATE SHEET OF PAPER	
NAME	TITLE

SECTION F - TRAINING INSTRUCTORS FOR ARMED AND UNARMED SECURITY GUARDS			
SECURITY GUARD FIREARMS-SAFETY AND GENERAL TRAINING INSTRUCTOR(S) THAT WILL PROVIDE TRIANING FOR YOUR AGENCY			
NAME OF INSTRUCTOR	TYPE OF INSTRUCTOR	INSTRUCTOR LICENSE NUMBER	EXPIRATION DATE

SECTION G - GENERAL AGENCY INFORMATION
PROVIDE A BRIEF STATEMENT, DESCRIBING THE NATURE OF THE BUSINESS IN WHICH YOU INTEND TO ENGAGE. Use a separate sheet of paper if necessary

↓ FOR DPS USE ONLY ↓												
DATE ISSUED	EXPIRATION DATE	REGISTRATION NUMBER	AUTH	CITZ	QTNS	FEE	FP / C	PICT	LIA	WC	AT	BT
			<input type="checkbox"/>	<input type="checkbox"/>	<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						