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

ARIZONA DEPARTMENT OF PUBLIC SAFETY

THE COURT DESTRICTIVE OF TOBERCONNETT										
ARMED SECURITY GUARD EMPLOYEE REGISTRATION APPLICATION										
	INITIAL Armed Employee *,1		NEW Armed Employee *2		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

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

- *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														
AGENCY								AGEN	CY LICEN	SE NUMBER	EXPIRATION DATE			
MAILING ADDRESS OF AGENCY					SUITE	CITY			STATE	ZIP CODE	BUSINESS PHONE NUMBER			
PRINTED NAME OF AUTHORIZED SIGNER						TITLE OF SIGNER								
By sig	ning b	elow, I certify that I intend	to employ the applicant	named below,	after his/her ap	oplication	has been process	sed and app	roved by	the Arizona De	partment of Public Safety.			
Autho	Authorizing Signature Date of Signature													
PART B - EMPLOYEE / APPLICANT TO COMPLETE THIS SECTION														
LAST NAME FIRST NAME						MIDDLE NAI					E			
LIST OTHER NAME(S) YOU HAVE USED										SOCIAL SECURITY NUMBER				
STATE	STATE/COUNTRY OF BIRTH DATE OF BIRTH				IN	WEIGH	WEIGHT GENDER LBS M F			EYE COLOR	HAIR COLOR			
HOME	HOME STREET ADDRESS					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					1			
APPLICATIONS SUBMITTED WITHOUT THE FOLLOWING QUESTIONS ANSWERED WILL BE RETURNED														
YES	NO	QUESTION												
		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.												
		Have you ever served in the United States Armed Forces? If YES, attach a copy of your DD214 showing the conditions of your discharge.												
		Are you a prohibited possessor under state of federal law?												
		Are you an Arizona Department of Public Safety employee, reserve or volunteer?												
		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:												
		YOU MU	JST SIGN THIS A	APPLICAT	ION! UNS	SIGNED	APPLICAT	IONS W	ILL BE	RETURN	ED!			
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.														
APF	LICAN	T SIGNATURE								DATE				
ullet for dps use only $ullet$														
DATE ISSUED EXPIRATION DATE						G. NUMBEI	₹		AUTH CITZ QTNS FEE FP/C PICT LIA WC BT					
PHOTO	NUM C	BER				DPS BA	DGE NUMBER							

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