## ALASKA DEPARTMENT OF PUBLIC SAFETY APPLICATION FOR LICENSE AS A SECURITY GUARD

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#### THIS APPLICATION MUST BE TYPED OR PRINTED IN BLACK INK

#### TO THE AGENCY

#### Attach to this application:

- 1. Check or money order for \$50.00 payable to *State of Alaska*;
- 2. Check or money order for \$47.00 payable to *State of Alaska*;
- 3. Proof of insurance;
- 4. A recent (within 30 days) photograph of the applicant taken from the *waist up*;
- 5. One set of classifiable fingerprints; and
- 6. For armed guards only A copy of the firearm qualifications/certification. (13 AAC 60.045(1)(3))

То	Today's date (for office use only) APSIN/TRACKING#				
1.	Unarmed Armed (date of certification)2. Alaska Driver's License/State ID #				
3.	Applicant(first name)(full middle name- write NMN if no middle name or MIO if initial only)(last name)				
4.	Date of birth 5. Social Security number				
6.	Sex:         M         F         7. Height				
11.	Residence address				
12.	Residence telephone Cell Phone				
13.	Mailing address				
14.	Security guard agency15. Agency telephone				
16.	Agency mail address				
17.	Place of birth				
	(city) (state) (country if not USA)				
18.	8. Are you a citizen of the United States of America? Yes No If no, Alien number on Resident Alien Card issued by U.S. Department of Justice Immigration and Naturalization Service:  Number Expiration date				
19.	9. Military service ( <i>Complete only if not in active service</i> )  Branch, discharge date, and type of discharge				
20.	(a) Have you ever been licensed as a security guard in Alaska?				
	(b) Have you ever been denied issuance of an Alaska security guard license, or have you ever had a license suspended or revoked? Yes No If yes, explain charges, places, dates, and decision on a separate sheet of paper and attach to this application.				

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21.	of this state, the United Sta	ntes, another state or territ his application. (DO N	about arrests and convictions including ory, or the military, occurring during the NOT LEAVE THIS SECTION BLATE DEPARTMENT).	he 10 YEARS immediately		
22.		<del></del>	the <i>FIVE YEARS</i> immediately preceding eparate sheet of paper if necessary.	the date of this application.		
	• •		ying areas, brief description of physical address)	City State Zip		
			yang areas, prag acsemption of physical address)			
23.	application. Start with your present or most recent job and work back. Include full-time and part-time work. Attach a separate sheet of paper if necessary.  Dates of employment Employer Address, city, state, zip Telephone					
				_		
	From to					
24.	REFERENCES: List the names, mail addresses, and telephone numbers of three persons, at least one of whom is a resident of Alaska (not related to you) who can attest to your good character.					
	Name	Address, city, state,	zip	Telephone		
25.	(a) Are you the subject of a domestic violence injunction/order issued after a hearing for which you received actual notice and had an opportunity to participate? Yes No If yes, attach a copy of the order to this application.					
	(b) Have you ever been convicted of the crime of domestic violence assault?					
	(c) Have you ever been con-	victed of a felony in this state	or another state or territory? Yes	☐ No		

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**CERTIFICATION:** I swear or affirm that all information on this application is true and complete to the best of my knowledge and belief. I understand that any intentional misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, and if I deliberately conceal or enter false information on this application, such conduct is punishable as a crime under Alaska law.

I understand that a permit eligibility investigation will be conducted as part of the application process which may involve computerized records searches, as well as the submission of my fingerprints for comparison against both State of Alaska and FBI criminal records files. I authorize this investigation.

I agree that the Department of Public Safety, its employees or agents, may contact former employers or other persons who know me in order to obtain additional information about my qualifications.

I am free from any psychopathic condition or mental illness that may impair my powers of memory, reason, judgement, or perception and that may adversely affect my performance as a security guard.

I am neither addicted to nor dependent on alcohol, narcotics, or other drugs.

71 1 1 1 .	1 4 0 10 65 400 4 0 10	CF 400 110 110 CO	010 12 110 (0 000
I have read and understand	I AN IX 65 400-AN IX I	5 <b>5 49</b> 01 and 13 AAC 601	1111 <b>)</b> 1

I have not been and am not now disqualified from possessing a firearm, including as a condition of probation or parole. Signature of applicant for security guard license Date Subscribed and sworn to or affirmed before me at \_\_ , Alaska, (date) (city) Clerk of Court, Notary Public, or other person authorized to administer oaths. My commission expires: (SEAL) INDEMNIFICATION AND HOLD HARMLESS AGREEMENT The undersigned agency, having made application to the Department of Public Safety to employ as a security guard on a temporary basis pending issuance of the applicant's license, hereby affirms that it has made reasonable and prudent inquires to determine whether the applicant is qualified to be licensed under AS 18.65.400 - AS 18.65.490 and 13 AAC 60.010 -- 13 AAC 60.900. The applicant has been employed on a temporary basis pending issuance of the applicant's security guard license and has received the training required by 13 AAC 60.110. The agency hereby agrees to indemnify and hold harmless the State of Alaska and its agents or employees from all claims brought because of injuries received by any person resulting from the negligent or intentional acts of the applicant while employed by the agency. Signature of qualified agent or manager Date Printed or typed name\_\_\_\_\_ Agency Subscribed and sworn to or affirmed before me at \_\_\_\_ \_\_\_, Alaska, (date) (city) Clerk of Court, Notary Public, or other person authorized to administer oaths.

12-183 (Rev. 10/14) Security Guard License Application

(SEAL)

My commission expires:\_\_\_\_