

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

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

Submit application to: Alaska State Troopers, Permits & Licensing Unit, 5700 East Tudor Road, Anchorage, AK, 99507

Attach to this application: (13 AAC 60.020(b))

1. A check or money order for \$200.00 payable to *State of Alaska* (this fee is non-refundable);
 2. If the qualified agent is **not** currently licensed, a completed application for a security guard license (Form 12-182), including attachments (13 AAC 60.020(d));
 3. Proof of Agency bonding or insurance;
 4. Copy of valid Alaska business license;
 5. Description of agency guard training program (13 AAC 60.020(b)(2)); and
 6. **For armed agencies:** list of firearm instructors and a copy of each instructor's certification as required by 13 AAC 60.110(f).
-

For office use only:

Receipt date _____ Receipt number _____ Clerk's initials _____

1. Armed Unarmed
2. Agency tracking number (Office use only) _____
3. Agency Alaska name _____
4. Alaska business license number _____
5. Telephone number _____
6. E-mail address _____
7. Fax number _____
8. Physical street address _____
(number, street) (city) (state) (zip)
9. Alaska business address _____
(number, street, or post office box) (city) (state) (zip)
10. Agency qualified agent:
Full name (first,middle,last) Title home number/business number Residence/mail address

11. **BRANCH OFFICES AND ADDRESSES:** List all branch offices including the office manager's full name, the branch office mailing address, and telephone number. Attach a separate sheet of paper if necessary.

Name of office manager Address, city, state, zip Telephone

12. **BUSINESS HISTORY:** List previous Alaska business addresses. Start with the most recent business and work back. Attach a separate sheet of paper if necessary.

Dates in business Business name Address, city, state, zip

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

13. Proposed or actual geographical area of service _____

14. Corporate/parent company name _____

15. Telephone _____

16. Corporate/parent company mail address _____
(number, street, or post office box) (city) (state) (zip)

17. **AFFILIATED COMPANIES AND ADDRESSES:** Attach a separate sheet of paper if necessary. (13 AAC 60.020(a)(8))

Name of company	Address, city, state, zip	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. **For corporations:** List title, full name and complete address of the corporate registered agent (**not** the agency qualified agent) and all corporate officers. Attach a separate sheet of paper if necessary. (13 AAC 60.020(a)(10))

Title	Full name (first,middle,last)	Address, city, state, zip
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. **For corporations:** State of incorporation _____

20. **For partnerships:** List full name and complete address of each partner. Attach a separate sheet of paper if necessary. (13AAC 60.020(a)(10))

Full name (first,middle,last)	Address, city, state, zip
_____	_____
_____	_____
_____	_____
_____	_____

21. List full name and complete address of all persons with more than a 20 percent interest in the agency. Attach a separate sheet of paper if necessary. (13 AAC 60.020 (a)(11))

Full name (first,middle,last)	Address, city, state, zip
_____	_____
_____	_____
_____	_____
_____	_____

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

22. CREDIT/PERSONAL REFERENCES: List three credit and/or personal references. (13 AAC 60.020 (a)(14))

Credit	Personal	Company Name	Contact Name	Mail address, city, state, zip	Telephone
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

23. Is each applicant or each partner of the partnership a citizen of the United States of America? Yes No If no, provide the Alien number on Resident Alien Card issued by U.S. Department of Justice Immigration and Naturalization Service for each applicant or partner: (13 AAC 60.010(a)(1))

Full name	Number	Expiration date
Full name	Number	Expiration date
Full name	Number	Expiration date

24. Has the qualified agent, any corporate officer, partner, or person with more than a 20 percent financial interest in the agency been convicted of a felony by a court of this state, the United States, another state or territory, or the military, during the 10 years immediately preceding the date of this application? (13 AAC 60.010(a)(6)(c))
 Yes No If yes, explain charges, places, dates, and decision on a separate sheet of paper and attach to this application.

25. Is each applicant or any partner of the partnership not suffering from any psychopathic condition or mental illness impairing the powers of memory, reason, judgment, or perception? (13 AAC 60.010 (a)(5))
 Yes No If no, explain on a separate sheet of paper and attach to this application.

26. Is any applicant or any partner of the partnership addicted to or dependant upon alcohol, narcotics, or other drugs? (13 AAC 60.010 (a)(4))
 Yes No If yes, explain on a separate sheet of paper and attach to this application.

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

CERTIFICATION OF PRESIDENT: 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 this application, and if I deliberately conceal or enter false information on this application, such conduct is punishable as a crime under Alaska law.

I agree that the Department of Public Safety, its employees and agents, may contact former employers or other persons who know the qualified agent, any corporate officer, or partner of the partnership to obtain additional information about this application.

I have read and understand AS 18.65.400 – AS 18.65.490 and 13 AAC 60.010 – 13 AAC 60.900.

Date
Signature of president of agency
Printed or typed name _____

Subscribed and sworn to or affirmed before me at _____, Alaska,
(city)

(date)

(SEAL)

Clerk of Court, Notary Public or other person authorized to
administer oaths.
My commission expires: _____

CERTIFICATION OF QUALIFIED AGENT: 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 this application, and if I deliberately conceal or enter false information on this application, such conduct is punishable as a crime under Alaska law.

I have read and understand AS 18.65.400 – AS 18.65.490 and 13 AAC 60.010 – 13 AAC 60.900.

Date
Signature of qualified agent
Printed or typed name _____

Subscribed and sworn to or affirmed before me at _____, Alaska,
(city)

(date)

(SEAL)

Clerk of Court, Notary Public or other person authorized to
administer oaths.
My commission expires: _____