

ALASKA DEPARTMENT OF PUBLIC SAFETY  
**RENEWAL**  
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. Copy of bond or proof of insurance;
3. A recent photograph of the applicant from the waist up.
4. ***For armed guards only*** - A copy of the most current firearm qualification/certification.

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1.  Armed  Unarmed 2. *Security Guard License Number* \_\_\_\_\_ *Expiration date* \_\_\_\_\_

3. Applicant \_\_\_\_\_  
(**first name**) (*middle name-write NMN if no middle name of MIO if initial only*) (**last name**)

4. Height (inches) \_\_\_\_\_ 5. Weight \_\_\_\_\_ 6. Hair color \_\_\_\_\_ 7. Eye color \_\_\_\_\_

8. Date of birth \_\_\_\_\_ 9. Residence Telephone \_\_\_\_\_ 10. Cell phone \_\_\_\_\_

11. Residence address \_\_\_\_\_  
(number, street *or in outlying areas, brief description of physical address*) (city) (zip code)

12. Mailing address \_\_\_\_\_  
(number, street, or post office box) (city) (zip code)

13. Security guard agency \_\_\_\_\_ 14. Agency telephone \_\_\_\_\_

15. Agency mail address \_\_\_\_\_  
(number, street, or post office box) (city) (zip code)

16. List all information (charge, date, place, and decision) about arrests and convictions including traffic citations, by a court of this state, the United States, another state or territory, or the military, occurring during the **TWO YEARS** immediately preceding the date of this renewal application. **(DO NOT LEAVE THIS SECTION BLANK OTHERWISE THE APPLICATION WILL NOT BE ACCEPTED BY THE DEPARTMENT)**

\_\_\_\_\_  
\_\_\_\_\_

17. (a) Are you currently 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?  Yes  No If yes, explain charges, places, dates, and decision on a separate piece of paper and attach to this application.

18. List all security agencies for whom you have worked during the last two years and dates transferred:

\_\_\_\_\_  
\_\_\_\_\_

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CERTIFICATION: I swear or affirm that all information on this renewal 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 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 mental or emotional disorder 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 upon alcohol, narcotics, or other drugs.

I have not been convicted of any felony, any crime involving moral turpitude, or any crime preventing ownership or possession of a firearm within ten years of the date of this application, unless a full pardon has been granted.

I have not been and am not now disqualified from possessing a firearm, including as a condition of probation or parole.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Security Guard

***INDEMNIFICATION AND HOLD HARMLESS AGREEMENT***

The undersigned agency, having made application to the Department of Public Safety to renew the security guard license of \_\_\_\_\_, hereby affirms that it has made reasonable and prudent inquiries to determine whether the applicant remains 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 received the annual refresher course of at least eight hours on the topics set out in 13 AAC 60.110(b) as required by 13 AAC 60.110(c).

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Qualified Agent or Manager

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.

(SEAL)

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