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 \$48.25 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 60.085(3))

То	day's date (for office use only) APSIN/TRACKING #					
1.	Unarmed Armed (date of certification) 2. Alaska Driver's License/State ID #					
3.	Applicant					
4.	Date of birth 5. Social Security number					
6.	Sex: M F 7. Height 9. Hair color 10. Eye color					
11.	Residence address					
12.	2. Residence telephone Cell Phone					
13.	Mailing address					
	(number, street, or post office box) (city) (zip)					
14.	Security guard agency15. Agency telephone					
16.	Agency mail address					
	(number, street, or post office box) (city) (zip)					
17.	Place of birth					
	(city) (state) (country if not USA)					
18.	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 <u>only</u> 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.	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 10 YEARS immediately preceding the date of this application. (DO NOT LEAVE THIS SECTION BLANK OTHERWISE THE APPLICATION WILL NOT BE ACCEPTED BY THE DEPARTMENT).						
22.	RESIDENCE INFORMATION: List all residences for the <i>FIVE YEARS</i> immediately preceding the date of this application. Start with your present address and work back. Attach a separate sheet of paper if necessary.						
	Dates of residence	Address (in outlying a	ureas, brief description of physical addre	ss) City State Zip			
	From to present			-			
	From to						
	From to						
	From to						
	application. Start with your present sheet of paper if necessary. Dates of employment	,	•	•			
	From to present		• • • • • •	-			
	From to						
	Fromto						
	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.	notice and had an opportunity to particle (b) Have you ever been convicte charges, places, dates, and decision o	d of the crime of dom	No If yes, attach a copy of the orestic violence assault? Yer and attach to this application.	ves No If yes, explain			
	(c) Have you ever been convicted of	a telony in this state or a	nother state or territory? — Yes	s L 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.

I have wead and understan	J AC 10 65 ANN	1C 10 65 100 and 12	AAC 60 010-13 AAC 60 900
i nave read and understand	11 AN IX 65 41111	AN IX 65 490 ana IX	AAC 601 11110== 13 AAC 601 9000

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

Date		Signature of applicant	for security guard license
Subscribed and sworn to or affirmed before	ore me at	, Alaska	а,
		(city)	a,(date)
(SEAL)		Notary Public, or other person expires:	n authorized to administer oaths.
The undersigned agency, having as a security guard on a reasonable and prudent inquires to dete and 13 AAC 60.010 13 AAC 60.900. The applicant has been employerceived the training required by 13 AAC	made applicate temporary basing temporary basing the mine whether the mine	is pending issuance of the app he applicant is qualified to be rary basis pending issuance o	of Public Safety to employ blicant's license, hereby affirms that it has made to licensed under AS 18.65.400 – AS 18.65.490 fthe applicant's security guard license and has
			ka and its agents or employees from all claims entional acts of the applicant while employed by
Date	_		agent or manager
Subscribed and sworn to or affirmed before	ore me at	, Alaska (city)	a,(date)
	Clerk of Court	t, Notary Public, or other perso	on authorized to administer oaths.
(SEAL)		n expires:	