

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

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**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

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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
_____	_____
_____	_____
_____	_____
_____	_____

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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.

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**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: \_\_\_\_\_

## References and Resources



There are various state and federal laws governing the access and use of criminal justice information

### What are the laws?

State Laws, Regulations, and Policies:

- ❖ *AS 12.62.110-120*
- ❖ *AS 12.62.160-170*
- ❖ *AS 12.62.400*
- ❖ *AS 12.62.900*
- ❖ *AS 47.05.300-390*
- ❖ *13 AAC 68*
- ❖ *CSA Security Policy*

Federal Laws, Regulations, and Policies:

- ❖ *25 USC 34 Section 3207*
- ❖ *Pub L. 92-544*
- ❖ *US Department of Justice Order 556-73*
- ❖ *FBI CJIS Security Policy*  
(available on the FBI's website:  
<https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center>)

## Department of Public Safety

### Criminal History Record Background Checks



### Department of Public Safety Criminal Records & Identification Bureau

5700 E Tudor Road  
Anchorage, AK 99507  
Phone: 907.269.5767  
Fax: 907.269.5091

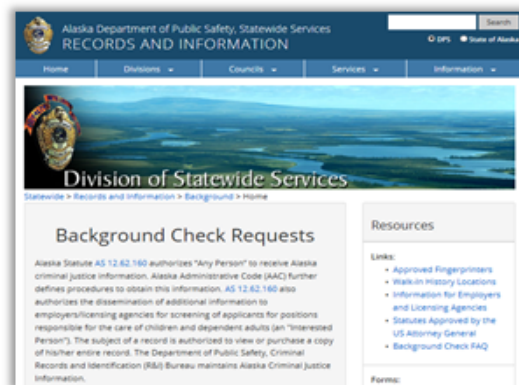
[dps.criminal.records@alaska.gov](mailto:dps.criminal.records@alaska.gov)



### The Requirements, the Laws, and your Rights

[http://dps.alaska.gov/Statewide /  
R-I/background/Home](http://dps.alaska.gov/Statewide/R-I/background/Home)

## Criminal History Record Background Checks



<http://dps.alaska.gov/Statewide/R-I/Background/Home>

### What is it?

A State Criminal History Record Background Check is a report from the Alaska Public Safety Information Network which is the Alaska criminal history repository managed by the Department of Public Safety.

The repository contains information regarding an individual's adult (18+) criminal arrests and convictions. Criminal is defined as a misdemeanor or felony offense. Infractions or violations, and most juvenile criminal offenses, are not included in the report.

The report will contain convictions, as well as dismissed and not guilty findings.

### Who needs one?

Under state and federal laws, a Criminal History Record Background Check is required for any person seeking to be a foster parent, guardianship parent, or adoptive parent. This will also include checks for all household members (16+). The checks are also required for any employees or volunteers working with children and young adults.

### How do I get one?

Under state and federal laws, each person is entitled to a copy of their criminal history record, generally for a fee and upon proof of identification.

The federal reports can only be obtained with submission of fingerprints along with the required forms and fees. The Federal Bureau of Investigation (FBI) manages the federal reports.

The state report can be either fingerprint based or name based, based upon proof of identification, and it also requires completion of the required forms and fees. The Department of Public Safety administers the Criminal History Background Check program for Alaska.

### How is my information protected?

There are a number of state and federal laws governing the access and use of criminal history records. The information is confidential under state and federal law, and persons found to have misused the information may be subject to criminal investigation.

### What if the information is not accurate?

If you believe the information in the report is not accurate or is incomplete, please contact the Criminal Records and Identification Bureau at the Department of Public Safety (online or in person in Anchorage). A Request to Correct Criminal Justice Information form will need to be completed in order for staff to research your record.

*Criminal History Records are confidential under state and federal laws and must be securely maintained. You have the right to review your record and to challenge the accuracy of the information contained in the records.*

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

## DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.<sup>1</sup> Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.<sup>2</sup>
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.<sup>3</sup>

<sup>1</sup> La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).



# Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

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 determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018