

ALASKA DEPARTMENT OF PUBLIC SAFETY  
STATUS CHANGE/DISCLOSURE  
SECURITY GUARD LICENSE

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**THIS FORM MUST BE TYPED OR PRINTED IN BLACK INK**  
.....

**TO THE AGENCY**

**Attach to this form:**

1. **For change of agency or rehire** - Proof of insurance (13 AAC 60.120)
2. **For armed guards only** - Firearms qualification/certification (13 AAC 60.085)

- .....
1.  Change to armed status  Change to unarmed status  Disclosure of information  Replacement  
 Change of agency from \_\_\_\_\_ to \_\_\_\_\_  
 Rehired
  2. Security guard license number \_\_\_\_\_
  3. Security guard \_\_\_\_\_

(first name) (middle name-write NMN if no middle name or MIO if name is initial only) (last name)

4. Residence address \_\_\_\_\_  
(number, street **or in outlying areas, brief description of physical address**) (city) (zip)
5. Residence telephone \_\_\_\_\_
6. Residence mail address \_\_\_\_\_  
(number, street, or post office box) (city) (zip)
7. Security guard agency \_\_\_\_\_
8. Agency telephone \_\_\_\_\_

**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT** The undersigned agency, having made application to the Department of Public Safety to continue the security guard license of the security guard named above, hereby affirms that it has made reasonable and prudent inquiries to determine whether the security guard remains qualified to be licensed under AS 18.65.400 -- AS 18.65.490 and 13 AAC 60.010 -- 13 AAC 60.900.

**Armed**  The security guard named above has received the firearms training required by 13 AAC 60.085

**Disclosure**  The security guard named above has disclosed to this agency the following information 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 transfer. **(DO NOT LEAVE THIS SECTION BLANK OTHERWISE THE APPLICATION WILL NOT BE ACCEPTED BY THE DEPARTMENT).**

\_\_\_\_\_  
\_\_\_\_\_  
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 security guard 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,  
(city)

\_\_\_\_\_  
(date)

(SEAL)

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