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

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
2. ☐ Rehired
3. Security guard license number ________________________________
4. Security guard license number ________________________________
   (first name) (middle name-write NMN if no middle name or MIO if name is initial only) (last name)
5. Residence address ________________________________
   (number, street or in outlying areas, brief description of physical address) (city) (zip)
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 inquires 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) ________________________________.

( SEAL) ________________________________

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

12-183-2 (Rev. 3/03)
Security Guard Status Change/Disclosure