



City of Phoenix
Phoenix Police Department
Code Enforcement Unit

Please see reverse for
checklist

STAFF USE ONLY

Alarm Agent License Number:

ALARM AGENT LICENSE APPLICATION

1. Full Name:	2. Application Date: / /
3. Name, Address & Phone Number of Alarm Business where you are currently employed, along with to and from dates:	4. Other names or aliases (including maiden name):

5. List all residences during the past five years, beginning with the most current, with to and from dates. No PO Boxes.

6. List previous employment during the past five years, if not employed with current employer for five years. Include addresses, dates and positions held):

7. Home Telephone Number (include area code):	8. Message number (include area code):
---	--

9. Facsimile Number, if any (include area code):	10. E-Mail Address (if any):
--	------------------------------

11. Date of Birth:	12. Height:	13. Weight:	14. Hair Color:	15. Eye Color:
--------------------	-------------	-------------	-----------------	----------------

16. **Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.**

Type of I.D.: _____ I.D. Number: _____ Expires: _____

17. Have you or any business for which you were a "Controlling Person" ever had an alarm business, alarm agent or similar license refused, denied, canceled, suspended or revoked?
 Yes No If "Yes", please list the reason(s) for such action, along with the date and jurisdiction:

18. Have you ever been convicted of **ANY** crime (**INCLUDING** major traffic offenses, such as DUI, hit and run accident, reckless driving, or felony flight, etc), or are you currently pending trial or other court proceeding for any criminal offense? **FAILURE TO ANSWER TRUTHFULLY WILL RESULT IN A DENIAL OF YOUR APPLICATION. INITIAL NEXT TO YOUR ANSWER.**
 Yes _____ If "Yes", please describe: _____ No _____

19. I UNDERSTAND FAILURE TO COMPLETE THIS APPLICATION TRUTHFULLY WILL RESULT IN DENIAL, AND I CERTIFY THE ABOVE INFORMATION IS CORRECT.
 Applicant Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE -- FOR STAFF USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ License Services Supervisor Date: / /	Departmental Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Police: Date: / /	Proof of Age	Staff Initials
	_____	_____	_____

ADDITIONAL REQUIREMENTS FOR ALARM AGENT APPLICATION

Proof of Age (must submit a clear copy of Driver's License or other government issued ID with picture)

Must submit one set of fingerprints for background check. You may come down in person and have your prints taken at no charge or you can have your fingerprints taken at the nearest Police Department. Your fingerprints must be done on an Applicant Fingerprint Card, FD-258 form (Revised 12-29-82).

2 current photos – must be 2"x2"

Fees: \$70 application fee and \$24 background investigation fee (both fees must be made payable to the City of Phoenix. Please submit two separate checks if possible).

Completed ALARM AGENT application, fingerprint card, photos, proof of age, and fees must be brought in or mailed to:

**Phoenix Police Department
Attn: Code Enforcement Unit
1717 East Grant Street, Suite 100
Phoenix, Arizona 85034**