

FEES

Background Investigation Fee \$24.00
 Payable to the Department of Public
 Safety with cashier's check or money
 order only.



Business Name

Tucson Police Department Alarm Unit

ADDITIONAL CONTROLLING PERSON ALARM BUSINESS APPLICATION

1. Name (First, Middle, Last)			2. Other Names/Aliases (include maiden name)			
3. Date of Birth	4. Height	5. Weight	6. Hair Color	7. Eye Color		
8. Current Residence Address						
9. Current Business Address						
10. Home Telephone Number () -	11. Message Number () -	12. Facsimile (Fax) Number () -	13. E-mail Address			
14. Previous Addresses for past 5 years (include dates; attach additional sheets if needed)						
15. Previous Employment for past 5 years (include addresses, dates, and positions held; attach additional sheets if needed)						
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 government agency. Type of I.D. _____ I.D. Number _____ Expiration Date _____						
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, cancelled, suspended or revoked? Yes No If "Yes", please describe 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, Felony Flight, etc), OR are you currently pending trial or other court proceedings for any criminal offense? FAILURE TO ANSWER TRUTHFULLY AND/OR OMIT INFORMATION WILL RESULT IN A DENIAL OF YOUR APPLICATION. No If "No", initial here _____ Yes If "Yes", please describe:						
19. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. Applicant Signature _____ Date _____						
STAFF USE ONLY						
Alarm Business License Number		Proof of Age		Staff Initials		
		Y N				
Departmental Recommendation: Approved Denied Circle reason for denial: B1 B2 B3 B4						
Alarm Coordinator: _____				Date _____		
Commander: _____				Date _____		