

資料 9

警備員 (ワシントン州)



Unarmed Private Security Guard Application for licensure

Business and Professions Division
Private Security Guard Section
PO Box 9649
Olympia, WA 98507-9649
(360) 664-9072
FAX (360) 570-7888

- New applicant \$53
 Transfer/Rehire \$20 (in addition to renewal fee, if due)
 Make checks payable to: STATE TREASURER
 Please type or print clearly and sign on reverse

FOR VALIDATION ONLY

Applicant Information

001-070-299-0010

Applicant's name (last, first, middle)			Date of birth		
Applicant's residence address (street)					
City		State	Zip	Home telephone ()	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien		Social Sec. No. (required -RCW26.23.150)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Temporary card number			Date issued		Expires on (60 days)
Business name					
Business address (street)					
City		State	Zip	County	
Business telephone ()			Fax ()		

Certification of Preassignment Training/Testing

This is to certify that _____ has
Applicant name

successfully completed the preassignment training and testing requirements as outlined in WAC 308-18-300. Incorrectly answered questions were reviewed with the applicant and the test results have been verified and signed by me.

X _____
Signature of certified trainer Printed name of certified trainer

Date ____ / ____ / ____

Applicant - respond to all questions below. If you answer "yes" to any, attach a separate sheet with explanation.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been found guilty of, or held liable for, fraud, dishonesty, or misrepresentation while performing duties as a private security guard? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been found guilty of, or held liable for, incompetence or negligence that resulted in injury to a person or created an unreasonable risk to a person? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been found guilty of, or held liable for, releasing information about the property or valuables you were guarding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of a gross misdemeanor or felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of any act involving unethical or immoral behavior? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been licensed as a security guard in any jurisdiction? If "yes," in what jurisdiction? (Please insert name of state, county, or city _____ and date _____) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a security guard license suspended, revoked, or restricted? If "yes," in what jurisdiction? (Please insert name of state, county, or city _____ and date _____) | <input type="checkbox"/> | <input type="checkbox"/> |

If any conviction was dismissed, please enclose copies of the court documents.

sign on page 2 ▼

As part of the application process, the Department of Licensing conducts background checks for criminal convictions on applicants.
Please provide one clear set of fingerprints with the application.

Certification - Mandatory Signature

I, _____, certify that the information provided in this application
Print applicant name (first, middle, last)
and any supporting documents, is true, complete, and correct to the best of my knowledge. I understand that should I misrepresent or conceal any material fact(s) in my application for a private security guard license, it constitutes grounds for denial or suspension of a license. I understand that the Department of Licensing may conduct a complete background investigation regarding my application pursuant to Chapter 18.170 RCW.

Signature of applicant

Date ____ / ____ / ____

Authorization - Voluntary Signature

I, _____, voluntarily authorize the Department of Licensing to
Print applicant name (first, middle, last)
release any and all criminal history information, including non-conviction information, so obtained to my employer, or to my prospective employer.

Signature of applicant

Date ____ / ____ / ____

UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS SUBJECT TO PUBLIC DISCLOSURE PROVISIONS PURSUANT TO RCW 42.17



Application for Licensure as an
ARMED PRIVATE SECURITY GUARD

Business and Professions Division
Private Security Guard Section
PO Box 9649
Olympia, WA 98507-9649
(360) 664-9072
FAX (360) 570-7888

- New Applicant \$24.00** (In addition to \$53.00 Unarmed PSG application fee)
 Transfer/Rehire \$20.00 (In addition to renewal fee, if due)

Make check payable to: **STATE TREASURER**

Applicants should either already be licensed as an unarmed private security guard OR submit a completed unarmed private security guard application and fee with this application.

FOR VALIDATION ONLY
001-070-299-0011

Please type or print clearly and sign on page 2

Applicant Information

Applicant's Name (last, first, middle)			Date of Birth
Applicant's Residence Address (street)			
City	State	Zip Code	Home Telephone ()
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien		Social Security No. (per RCW16.23.150)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Business Name			
Business Address (street)			
City	State	Zip Code	County
Business Telephone ()	Fax ()		

Certification Course

You are required to complete an eight-hour firearms certification course provided by a certified firearms instructor. The Criminal Justice Training Commission will notify the Department of Licensing directly when you have met this requirement.

Applicant - respond to all questions below. If you answer "yes" to any, attach a separate sheet with explanation.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been found guilty of fraud, dishonesty, or misrepresentation while performing duties as a private security guard? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been found guilty of incompetence or negligence that resulted in injury to a person or created an unreasonable risk to a person? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been found guilty of releasing information about the property or valuables you were guarding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of a gross misdemeanor or felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of any act involving unethical or immoral behavior? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been licensed as a security guard in any jurisdiction? If "yes," in what jurisdiction? (Please insert name of state, county, or city _____ and date _____) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a security guard license suspended, revoked, or restricted? If "yes," in what jurisdiction? (Please insert name of state, county, or city _____ and date _____) | <input type="checkbox"/> | <input type="checkbox"/> |

If any conviction was dismissed, please enclose copies of the court documents.

sign on page 2

As part of the application process, the Department of Licensing conducts background checks for criminal convictions on applicants.
Please provide two clear fingerprint cards with this application.

Certification - Mandatory Signature

I, _____, certify that the information provided in this application
print applicant's name (first, middle, last)
and any supporting documents, is true, complete, and correct to the best of my knowledge. I understand that should I misrepresent or conceal any material fact(s) in my application for a private security guard license, it constitutes grounds for denial or suspension of a license. I understand that the Department of Licensing may conduct a complete background investigation regarding my application pursuant to Chapter 18.170 RCW.

X _____
Signature of applicant

Date _____

Authorization - Voluntary Signature

I, _____, voluntarily authorize the Department of Licensing to
print applicant name (first, middle, last)
release any and all criminal history information so obtained to my employer, or to my prospective employer.

X _____
Signature of applicant

Date _____

**UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS
SUBJECT TO PUBLIC DISCLOSURE PROVISIONS PURSUANT TO RCW 42.17**

銃器 (ニューヨーク市)

Photo taken within
30 days prior to date
of application.

FRONT VIEW
1½ x 1½
Square

HANDGUN LICENSE APPLICATION
POLICE DEPARTMENT • CITY OF NEW YORK
PD 643-041 (Rev. 5-01)-Pent



LICENSE DIVISION
1 POLICE PLAZA
NEW YORK, N.Y. 10038



OFFICIAL USE ONLY
NYSID NUMBER
DATE
APPLICATION NUMBER
OLD LICENSE NUMBER
Complaint No.
Lost
Mutilated
Corp. Code
Cust. Code

All applications must be typewritten and notarized. **DO NOT MAKE ENTRIES IN SHADED AREAS.**
Necessary fee must accompany application, payable to the Police Department, City of New York.
Not refundable if application is disapproved. (Administrative Code Sec. 10-13)

SECTION A
TO BE ANSWERED BY ALL APPLICANTS

- CARRY BUSINESS CARRY GUARD/SECURITY RETIRED POLICE OFFICER
 LIMITED CARRY GUN CUSTODIAN
 PREMISES (Indicate Residence Business)
 SPECIAL (out of city validation.) (Indicate CARRY OR OTHER

LICENSE NUMBER (Renewal Applicant)	YEAR	Do you possess any other NYC Handgun Lic.? If YES	
		TYPE	LIC. NO.
1. Last Name	First Name	M.I.	Maiden Name/Alias
2. Legal Address (Street No.)	Apt. #	City or Town	State
		Zip Code	
3. <input type="checkbox"/> Citizen	Alien Registration Number	Social Security Number	Home Phone
<input type="checkbox"/> Alien			Res. Pct.
4. Place of Birth -City, State, County	Age	Date of Birth	Hgt. (inches)
		Wgt.	Sex
		Color of Hair	Color of Eyes
		OCG Code	Total Guns Code

EMPLOYMENT INFORMATION

5. Name of Business	Type of Business	Bus. Pct.
6. Business Address (Street No.)	City or Town	State
		Zip Code
7. Bus. Telephone No./Day	Occupation (Owner - Employee - Gun Custodian)	How many other persons in this business have N.Y.C. Carry Handgun Licenses?
8. If applicable, list name, job title and license number of company gun custodian		

VALIDATION OF OUT OF CITY LICENSE (Special Handgun License ONLY)

9. Basic License Number	Issued By	County	Date Issued	Expiration Date
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LIST HANDGUNS FOR THIS APPLICATION ONLY

10. (ORIGINAL APPLICANTS LEAVE BLANK)				TYPE	OWNER	MAKE CODE
MAKE	MODEL	GUN SERIAL NUMBER	CALIBRE	R Revolver A Automatic	E Employer S Self	
001						
002						

NOTICE

In accordance with law, all approved handgun license applications are public records and subject to public disclosure.

OFFICIAL USE ONLY Right Thumb

SIGNATURE OF PERSON PRINTED

SECTION B

Applicants must answer Questions 10 through 24. Additionally Questions 25 through 28 must be answered chronologically and in detail. If you have answered YES to question(s) 10 through 24 you MUST attach a notarized sheet of paper (8½ x 11) explaining such answer(s) in complete detail. A FALSE STATEMENT SHALL BE GROUNDS FOR DENIAL OF A N.Y.C. HANDGUN LICENSE.

HAVE YOU EVER . . .	YES	NO
10. Had or ever applied for a Handgun License issued by any Licensing Authority in N.Y.S.?	<input type="checkbox"/>	<input type="checkbox"/>
11. Been discharged from any employment?	<input type="checkbox"/>	<input type="checkbox"/>
12. Used narcotics or tranquilizers? List doctor's name, address, telephone number, in explanation.	<input type="checkbox"/>	<input type="checkbox"/>
13. Been subpoenaed to, or testified at, a hearing or inquiry conducted by any executive, legislative or judicial body?	<input type="checkbox"/>	<input type="checkbox"/>
14. Been denied appointment in a civil service system, Federal, State, Local?	<input type="checkbox"/>	<input type="checkbox"/>
15. Served in the armed forces of this or any other country?	<input type="checkbox"/>	<input type="checkbox"/>
16. Received a discharge other than honorable?	<input type="checkbox"/>	<input type="checkbox"/>
17. Been rejected for military service?	<input type="checkbox"/>	<input type="checkbox"/>
18. Or are you presently engaged in any other employment, business or profession where a need for a firearm exists?	<input type="checkbox"/>	<input type="checkbox"/>
19. Had or applied for any type of license or permit issued to you by any City, State or Federal agency?	<input type="checkbox"/>	<input type="checkbox"/>
20. Has any corporation or partnership of which you are an officer, director, or partner, ever applied for or been issued a license or permit issued by the Police Department? Give type, year, license number, in explanation.	<input type="checkbox"/>	<input type="checkbox"/>
20a. Has any officer, director or partner ever applied for or been issued a license or permit issued by the Police Department? Give type, year, license number, in explanation.	<input type="checkbox"/>	<input type="checkbox"/>
21. Been admitted to a mental institution, sanitarium or received psychiatric treatment? List Doctor's/Institutions, Name, Address, Phone #, in explanation.	<input type="checkbox"/>	<input type="checkbox"/>
22. Suffered from any physical defect or sickness which would interfere with or handicap you in handling a firearm? List Doctor's Name, Address, Phone #, in explanation. NOTE: The following conditions must be listed, Epilepsy, Diabetes, Fainting Spells, Blackouts, Temporary Loss of Memory or any Nervous Disorder.	<input type="checkbox"/>	<input type="checkbox"/>
23. Been arrested, indicted, or summonsed, for ANY offense other than Parking Violations, in ANY jurisdiction, federal, state, local or Foreign? List the following: date, time, charge(s), disposition, court and police agency. (False statements are grounds for disapproval).	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: READ PARAGRAPH 6 OF INSTRUCTIONS COMPLETELY BEFORE ANSWERING THIS QUESTION.		
23a. Have you ever, or do you now have an Order of Protection issued against you?	<input type="checkbox"/>	<input type="checkbox"/>
23b. Have you ever, or do you now have an Order of Protection issued by you against a member of your household, or any family member?	<input type="checkbox"/>	<input type="checkbox"/>
23c. Have you ever, or do you now have an Order of Protection issued by you against a person other than a member of your household or family?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered yes to questions 23a - 23c, you must indicate the following information:		
a. Court of Issuance		
b. Date of Issuance		
c. Complainant's Name, Address and Telephone Number		
d. Complainant's relationship to you		
e. Reason for issuance of Order of Protection		
24. Used any variation in spelling of your name or any other name used? (Alias), explain.	<input type="checkbox"/>	<input type="checkbox"/>

FROM (MONTH AND YEAR)	TO	LIST ALL PLACES OF RESIDENCE FOR PAST FIVE (10) YEARS RESIDENCE (Include State, County, Zip Code and Apt. No.)	PRECINCT
25.	PRESENT		

FROM (MONTH AND YEAR)	TO	LIST ALL PLACES OF EMPLOYMENT FOR PAST FIVE (5) YEARS BUSINESS NAME AND ADDRESS (Include State, County, Zip Code and Apt. No.)	OCCUPATION	PRECINCT
	PRESENT			

27. How and where will handgun(s) be safeguarded when not in use? (Location outside of N.Y. State are unacceptable).
28. Give name, address relation and telephone number of person who will safeguard handgun(s) in case of applicant's death or disability. Must be a N.Y. State resident.

PENALTY FOR FALSIFICATION: Falsification of any statement is an offense punishable by imprisonment (N.Y.S. Penal code Article 210 and Related Offenses)

STATE OF NEW YORK
 COUNTY OF _____ ss: _____ Under penalty of perjury being duly sworn deposes and says that all of the answers to the foregoing are true.
 SWORN TO
 BEFORE ME _____

DATE	NOTARY PUBLIC or COMMISSIONER of DEEDS	SIGNATURE of APPLICANT	
INVESTIGATING OFFICER'S SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON
SUPERVISOR'S SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON
C.O. INVEST. SECTION SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON
C.O. LICENSE DIVISION SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON

ADDITIONAL DOCUMENTATION TO BE PRESENTED AT PERSONAL INTERVIEW

At the time of your interview, you must also furnish the following documents, as they apply to you:

1. The two (2) most recent copies of the businesses' sales tax report (ST 100) submitted to the State of New York and Federal Tax Return submitted for the previous year. If the business is solely a wholesale operation, a copy of the Federal tax return submitted for the previous tax year must be submitted. All tax forms must bear notarized signatures.
2. When requested by your investigator, your personal income tax return for the previous tax year.
3. Daily bank deposit slips and corresponding bank statements for the six months preceding the date of your interview. (Photocopies will not be accepted.)
4. A statement from your bank setting forth the total amount of your payroll and the total amount of payroll checks cashed during the three month immediately preceding the date of your interview.
5. If you were the victim of a crime which occurred during the course of your business or professional activities during the previous two years, you must provide the complaint report number, date and the precinct of occurrence.

At the time of your interview, your investigating officer will advise you if any additional forms or documents are required.
