


### Employee Registration Information

- **The licensee (employer) must submit the application** on behalf of every employee hired to work as a private detective or armed security guard, even if the employee has an active registration with another employer or company.
- Unarmed security guards are **not** required to be registered with the Georgia Board of Private Detective & Security Agencies; however, unarmed security guards must be trained according to the Board standards and are governed by the Board as mandated in OCGA 43-38-7.1.
- **Employee Registrations are not transferrable. Employees shall not use an existing registration to work for a company other than the company that is indicated on their Registration.**

- 
- If you are an **active/sworn Georgia Law Enforcement Officer** wanting to register to work as an off-duty Security Guard Employee, you do not need to complete this entire application. Your employer only needs to complete and submit the pages of this application with the words **“Active/Sworn Georgia Law Enforcement SGE Registration”** at the bottom of the page. This section starts on **Page 11** of this Registration Packet. Click the link to take you to that page.

- Registrations are only valid when employees are performing investigative or armed security duties for the employer listed on the Registration.
- Company owners or designated license holders for corporations, LLC's, or partnerships must also have an Employee Registration. The registration fee for owners/designees is the same as for all other employees.
- **When applying for both PRIVATE DETECTIVE EMPLOYEE and SECURITY GUARD EMPLOYEE registrations, you may make application for a “Dual” license.**
- The employee must physically carry proof of Registration at all times while on duty, at the place of employment, or any time that the employee is in uniform.
- If armed, proof of Registration must be carried by the employee while a weapon is carried on duty, while in uniform, or in route directly to and from the post or place of employment (**Board Rule 509-4-.01**).
- The “Reinstatement of Registration Number” section on the application is only to be used if the employee is reinstating a Registration that has lapsed for the same employer.

### APPLICATION PROCESSING

- The **licensee (employer)** is responsible for ensuring that the application is complete and correctly prepared.
- Incomplete/deficient applications may be returned to the **licensee (employer)** for completion, and failure to submit a complete application will result in processing delays. Incomplete applications will be withdrawn from the system 12 months from the initial submission date.
- **A valid email address is required for communication between the Licensing Board and applicants.**
- Allow a minimum of 25 business days for processing of the application, fingerprints, and other required documentation.
- **Criminal History / Disciplinary Actions:** Applicants who answer **Yes** to the application questions concerning criminal history or disciplinary actions taken against them must submit certified documentation of court dispositions, agency orders, or any other documentation to provide a complete answer to such questions. Failure to provide this information will result in processing delays and may be grounds for disapproval of the application by the Board.
- **Examination – Successful completion of the examination does not guarantee licensure by the Board.**

### Instructions for Georgia Resident Applicants Obtain Fingerprints for a Background Check

The Georgia Board of Private Detective and Security Agencies requires a fingerprint background check on all applicants. Fingerprints are processed through Georgia Applicant Processing Service (**GAPS**). The Federal/State criminal history results will be available to the Georgia Board of Private Detective and Security Agencies within 48 hours after the applicant has been fingerprinted and the prints are received by GBI, Georgia Crime Information Center (GCIC).

***Have a credit card, debit card, or money order information available when logging into the Cogent website, as payment will be required at the time of scheduling.***

#### **GAPS REGISTRATION PROCESS**

Applicants must complete a LiveScan fingerprinting process from an approved Georgia Applicant Processing Services (GAPS) site.

Register for fingerprinting at <https://www.aps.gemalto.com/ga/index.htm> or by phone at 888.439.2512. Select the following options if prompted when registering:

- Secretary of State (SOS)
- Private Detective/Security Business
- Reason – Private Detective/Security Business

Follow the prompts to complete the registration process.

#### **Identification Needed for Fingerprinting**

Click on the **Frequently Asked Question** link located on the GAPS main web page for information on what to bring to the fingerprint location. In addition to the **Registration ID** number the applicant will also be asked to present **identification documents** prior to be fingerprinted. This link provides a list of acceptable identification documents.

#### **Print Locations & Hours**

Once you have completed the registration process, click on **Find a Fingerprint Location** on the GAPS main web page to find the nearest GAPS Print Location to go to for fingerprinting. Click the area that is most convenient for you. The numbers in the red circles indicate sites that have GAPS Print Locations available. Information about the site such as Location, Hours of Operation, Directions, etc. can be viewed on the website. Before going to the Print Location, **the applicant should verify that the site is still a GAPS Print Location and that the hours of operation are accurate.**

If a site is no longer providing fingerprint services, send an email to [GAApplicant@gbi.ga.gov](mailto:GAApplicant@gbi.ga.gov) and provide the Print Location's name, address and phone number if available and the date the applicant was told the location is no longer providing the service.

Fee Schedule\*

\*Application Fees are Non-refundable.

<b>COMPANY LICENSE</b>	<b>APPLICATION</b>	<b>LICENSE</b>	<b>TOTAL</b>
• Initial - Private Detective Company (only)	\$100.00 +	\$300.00 =	\$400.00
On-time Renewal Fee – Private Detective Company (only)			\$300.00
Late Renewal Fee – Private Detective Company (only)			\$400.00
Reinstatement Fee – Private Detective Company (only)			\$550.00
• Initial - Security Company (only)	\$100.00 +	\$500.00 =	\$600.00
On-time Renewal Fee - Security Company (only)			\$500.00
Late Renewal Fee – Security Company (only)			\$600.00
Reinstatement Fee – Security Company (only)			\$750.00
• Initial - Private Detective + Security Company (dual license)	\$100.00 +	\$700.00 =	\$800.00
On-time Renewal Fee – Private Detective + Security Company (dual license)			\$700.00
Late Renewal Fee – Private Detective + Security Company (dual license)			\$800.00
Reinstatement Fee – Private Detective + Security Company (dual license)			\$1050.0

<b>EMPLOYEE REGISTRATION (non-Law Enforcement)</b>	
Initial– Private Detective – Unarmed Employee	\$ 45.00
Initial – Private Detective – Armed Employee	\$ 70.00
Initial - Security Guard - Armed Employee	\$ 70.00
(unarmed security guards are not required to register with the State)	
On-time Renewal Fee – All Employee Registration Types	\$ 65.00
Late Renewal Fee – All Employee Registration Types	\$ 80.00
Reinstatement Fee – same as initial registration fee	--

<b>EMPLOYEE REGISTRATION – Active/Sworn Georgia Law Enforcement Officers ONLY</b>	
Initial – Security Guard for Active / Sworn Law Enforcement Only	\$70.00
On-Time Renewal – Security Guard for Active / Sworn Law Enforcement Only	\$65.00
Late Renewal Fee – All Employee Registration Types	\$80.00
Reinstatement Fee – same as initial registration fee	--


<b>INSTRUCTORS / EDUCATION PROVIDER REGISTRATION</b>	
Initial - Certification of Training Instructor	\$100.00
On-time Renewal Fee - Certification of Training Instructor	\$100.00
Late Renewal Fee - Certification of Training Instructor	\$150.00
Reinstatement Fee – Certification of Training Instructor	\$100.00

<b>OTHER Fees</b>	
License Replacement Fee	\$25.00
Additional Weapon / Change of Weapon Type Application Fee	\$25.00
Verification of Licensure (order online)	\$35.00

**GEORGIA BOARD OF PRIVATE DETECTIVES & SECURITY AGENCIES**  
 237 Coliseum Dr., Macon, GA 31217  
 478.207.2440 ~ [www.sos.ga.gov/plb/detective](http://www.sos.ga.gov/plb/detective)

DO NOT WRITE IN THIS SECTION  
 RECEIPT # \_\_\_\_\_  
 AMOUNT \_\_\_\_\_  
 APPLICANT # \_\_\_\_\_  
 INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

**Application for Employee Registration**

 If you are an active/sworn Georgia Law Enforcement Officer wanting to register to work as an off-duty Security Guard, you do not need to complete this entire application. You only need to complete the pages of this application with the words "Active/Sworn Georgia Law Enforcement SGE Registration" at the bottom of the page. This section starts on Page 11 of this Registration Packet.

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces, including the National Guard.

**Employee Name** (first, middle, last, suffix): \_\_\_\_\_

**I am applying for the following Registration:**

<input type="checkbox"/> Private Detective Employee <input type="radio"/> no weapon (unarmed) - \$45 <input type="radio"/> with weapon (armed) - \$70	<input type="checkbox"/> Private Security Guard Employee <input type="radio"/> with weapon (armed) - \$70	<input type="checkbox"/> Dual Employee (PD&SG) - \$70
<input type="checkbox"/> In-House Detective Employee <input type="radio"/> with weapon (armed) - \$70	<input type="checkbox"/> In-House Security Guard <input type="radio"/> with weapon (armed) - \$70	<input type="checkbox"/> Reinstatement of Registration # _____ (only for lapsed license with the same company – fee is the same amount as initial license fee)

**Note: Successful completion of the examination does not guarantee licensure by the Board.**

**I am applying for the following Weapons Permit:**

None\* (for Private Detectives only)     Exposed     Shotgun\*\*     Concealed\*\*

\*unarmed Security Guards are not required to be registered

\*\*requires written request from Employer, including details of duties – forms are included in this application packet.

Social Security No.***: _____ - _____ - _____ ***This information is authorized to be obtained and disclosed to State and Federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001.	Place of Birth: _____ City _____ State or Country _____
Gender: _____ Male    _____ Female	Date of Birth: _____/_____/_____

**Residence Address** – ( PO Box not acceptable) Street, City, County, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address: (required) \_\_\_\_\_


**Company Name** (will appear on license & online) \_\_\_\_\_ License No. \_\_\_\_\_ Phone \_\_\_\_\_

Street or PO Box, City, County, State, Zip \_\_\_\_\_ Company email address \_\_\_\_\_

BACKGROUND CHECK QUESTIONNAIRE


Applicant's Name: \_\_\_\_\_

You are required to answer the following questions as part of a background check to determine your suitability for the issuance of a registration by the Georgia Board of Private Detective & Security Agencies.

 **If "yes" is answered to any question**, documentation/explanation must be provided, such as certified court dispositions, board disciplinary action reports, letter of explanation, etc. Failure to provide final dispositions will delay consideration of your application.

1.	Are there currently any charges pending against you for a criminal offense?	__YES	__NO
2.	<u>Arrest/Conviction questions - O.C.G.A. 43-38-11(5); O.C.G.A. 43-38-11(4), O.C.G.A. 43-38-6(4)</u>  (a) Have you been arrested or charged or convicted for the commission of a felony or misdemeanor, including DUI or DWI?  (b) Have you entered a plea of nolo contendere, or entered a plea pursuant to the provisions of the "Georgia First Offender Act" or other first offender act for the commission of a felony or misdemeanor?  (c) Are you under indictment for a felony, or any other crime, for which a judge could imprison you for more than twelve (12) months?	__YES  __YES  __YES	__NO  __NO  __NO
3.	<u>Illegal Use of Weapons Question - O.C.G.A. 43-38-11(4)</u>  (a) Have you been arrested, charged or convicted for a crime involving the illegal use, carrying, or possession of a dangerous weapon?  (b) Have you entered a plea of guilty, nolo contendere, or entered a plea pursuant to the provisions of the "Georgia First Offender Act" or other first offender act for a crime involving the illegal use, carrying, or possession of a dangerous weapon?	__YES  __YES	__NO  __NO
4.	<u>Moral Turpitude - O.C.G.A. 43-38-11(4)</u> - Have you been convicted, entered a plea of nolo contendere, or entered a plea pursuant to the provisions of the "Georgia First Offender Act" or other first offender act for any crime involving moral turpitude? Answer "Yes" if you pled and completed probation as a First Offender.	__YES	__NO
5.	Have you been convicted in any court of a misdemeanor crime of domestic violence?	__YES	__NO
6.	Are you a fugitive from justice? _____	__YES	__NO
7.	Are you an unlawful user of, or addicted to marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? _____	__YES	__NO
8.	Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs)? _____	__YES	__NO
9.	Have you ever been committed to a mental institution?	__YES	__NO
10.	Have you been discharged from the Armed Forces under dishonorable conditions?	__YES	__NO
11.	Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? _____	__YES	__NO
12.	Have you ever renounced your United States citizenship?	__YES	__NO
13.	Are you an alien illegally residing in the United States? _____	__YES	__NO
14.	Have you, or any company in which you are or were a principal, ever been the subject of an investigation or litigation that was conducted by a federal, state, or local agency? _____	__YES	__NO

15.	Have you ever had a professional license or certification revoked, suspended, or modified for any reason? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16.	Have you ever been reprimanded, placed on probation, or otherwise disciplined by a professional licensing or certification body? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17.	Have you ever been disciplined or cited for a breach of ethics or for unprofessional conduct? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18.	Have you ever resigned or been discharged from any position with criminal or administrative charges pending against you? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19.	Have you ever been prohibited from doing business with the State of Georgia, the United States Government, or any local or other state government? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20.	Have you ever been registered with a licensed company as a private detective or security guard employee in this state? If so, list registration number, company, and approximate date of registration: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21.	Have you completed the required Basic Training for this registration? Submit a copy of the completion certificate. If you cannot provide a copy, submit a letter to the Board detailing when you completed the training.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

 **If "yes" is answered to any question**, documentation/explanation must be provided, including certified documentation such as court dispositions, board disciplinary action reports, etc. Failure to provide final dispositions will delay consideration of your application.

**AFFIDAVIT OF EMPLOYER**

I certify and declare that the employee for whom this application is made has been given the minimum training required under the rules and regulations of the Board, and that the training certificate will be maintained in the employee's file with the company.

I further certify and declare that a name character background check has been made by my company on the employee, which indicates that the employee has had no felony convictions and has not displayed a disregard for the law.

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
**Signature of Employer**

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Employer**

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Applicant**

Date: \_\_\_\_\_

**ADDRESS HISTORY**

**Beginning with your Current Address,** list your addresses for the past **FIVE (5)** years. Dates must be provided with no gaps in the timeline. Attach additional pages if needed.

FROM	TO	STREET ADDRESS	CITY	STATE	ZIP CODE

**EMPLOYMENT HISTORY**

**Beginning with your current employer,** list your employment for the past **FIVE (5)** years. All time must be accounted for, including periods of unemployment. Information must be provided for each header section. Attach additional pages if needed.

DATES		EMPLOYER	POSITION HELD	SUPERVISOR
FROM	TO			

**ADDITIONAL EXPERIENCE**

List any additional experience you have which has not been addressed and which you feel qualifies you for registration under the Private Detective and Security Agencies Act. Attach any documentation necessary as proof of training and/or experience.

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Employee Registration

AFFIDAVIT OF EMPLOYEE

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief.

I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Board of Private Detective & Security Agencies, and I agree to abide by these laws and rules, as amended from time to time.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, **the Board may suspend my registration without a prior hearing.** Should this occur, I shall be entitled to a hearing after the suspension of my registration.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Submit a copy of your current Secure and Verifiable Document(s) with your application. A list of approved documents can be viewed at <http://sos.ga.gov/admin/files/svd2013.pdf>.**

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF THE APPLICANT**

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



**Employee Registration**

**Weapon Permit Registration**

\*\*\*Do not submit this information if you are not requesting a weapon permit.\*\*\*

**TRAINING INFORMATION**

Where was your required Basic Training held? \_\_\_\_\_  
Name of Company/Facility and Location

Date of Basic Training Course completion: \_\_\_\_\_

Basic Training instructor's name and license number: \_\_\_\_\_  
Name / License Number

Where was your Weapon Training held? \_\_\_\_\_  
Name of Company/Facility and/or Location

Date of Weapon Training completion: \_\_\_\_\_

Weapon Training instructor's name and license number: \_\_\_\_\_  
Name / License Number

**BOARD RULE 509-4-.01(1) & (2) WEAPONS. AMENDED.**

(1) No person licensed by the board to carry a firearm shall carry any firearm which is not in operable condition and capable of firing live ammunition, and when carrying such a weapon, the licensee shall have on his person live ammunition capable of being fired in the weapon which he carries.

(2) No person licensed or registered by the board to provide security services shall carry a firearm while performing services for a private security agency or in-house security agency except while providing actual security services or while going directly to and from work (no stopovers allowed en route to or from work). Under no condition will a licensee, registrant or any other employee or agent of a licensee carry any sort of firearm or have anyone accompanying them who is carrying a firearm while soliciting new or prospective clients.

**TRAINING AFFIDAVITS**

<p>I have read Board Rule 509-4-.01(1) &amp; (2) and understand my responsibility to abide by the mandates of the rule. If granted a permit, I shall wear the firearm in the manner prescribed by law.</p>	<p>I declare that the above employee is qualified to carry a firearm by reason of having received classroom instruction in the use of firearms by a board-approved instructor, having received firearm range instruction, and having passed the Firearm Training Curriculum for Handguns as required in Rule 509-3-.10.</p>
<p>_____  <b>Applicant's Signature</b> <span style="float: right;"><b>Date</b></span></p>	<p>_____  <b>Employer's Signature</b> <span style="float: right;"><b>Date</b></span></p>
<p>STATE OF GEORGIA          COUNTY OF _____</p>	<p>STATE OF GEORGIA          COUNTY OF _____</p>
<p>SUBSCRIBED AND SWORN TO BEFORE ME THIS          _____ DAY OF _____, _____</p>	<p>SUBSCRIBED AND SWORN TO BEFORE ME THIS          _____ DAY OF _____, _____</p>
<p>_____          NOTARY PUBLIC          MY COMMISSION EXPIRES: _____</p>	<p>_____          NOTARY PUBLIC          MY COMMISSION EXPIRES: _____</p>

Employee Registration

This form must be completed by the employer and accompanied by Concealed Weapon and/or Shotgun Permit Application for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a concealed weapon and/or shotgun must be made, with complete justification in support of the request.

EMPLOYER REQUEST FOR CONCEALED WEAPON AND/OR SHOTGUN PERMIT

I hereby make request for the following to be issued to \_\_\_\_\_:  
Employee Name

\_\_\_\_\_concealed weapon      \_\_\_\_\_shotgun permit

I have detailed below the specific duties that the employee will be assigned, along with complete justification of the necessity of carrying a shotgun and/or of carrying a weapon in a concealed manner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify and declare that the information presented in this request for a concealed weapon and/or shotgun permit is a true description of the actual job duties that are or will be assigned to the above-named employee and a true representation of the facts in support of the necessity for carrying a concealed weapon and/or shotgun in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for concealed weapon and/or shotgun permit will be grounds for disciplinary action by the Board up to and including revocation of my license.

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE LICENSE HOLDER

\_\_\_\_\_  
DATE

NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_



Security Guard Employee Registration for  
Active/Sworn Georgia Law Enforcement Officers ONLY

This application is for Active/Sworn Georgia Law Enforcement Officers **ONLY**, which means persons **SWORN and currently** possessing an active Georgia peace officer certification issued pursuant to Chapter 8 of Title 35, the "Georgia Peace Officer Standards and Training Act."

**NOTE: Law Enforcement Retirees must submit full Security Guard Employee Registration application to be considered for registration.**

- **“Applicant”** means a Law Enforcement Officer applying for Security Guard Employee Registration.
- This application:
  - must be submitted by the **registering employer / company** on behalf of every Law Enforcement Officer hired to work as an armed security guard, even if the Law Enforcement Officer has an active registration with another employer/company;
  - must be complete in all aspects prior to board review;
  - should be processed within 15 business days if application is complete and all qualifications for registration are met;
  - will be withdrawn from the licensing system if still incomplete 12 months from the initial submission date.
- The applicant:
  - must complete a LiveScan fingerprinting process from an approved Georgia Applicant Processing Services (GAPS) site - <https://cogentid.3m.com/> or call 888.439.2512. When registering, select the following options if prompted:  
~ Secretary of State (SOS) ~ Private Detective/Security Business ~ Reason – Private Detective/Security Business
  - must provide a copy of their current and valid Police Identification;
  - must provide a copy of their P.O.S.T. transcript;
  - must submit applicable registration fee (see fee schedule);
  - is exempt from the required training for security guard employment
  - must apply for a registration for each licensed agency for which the Law Enforcement Officer intends to be employed;
- Approved registrations:
  - are only valid when the Applicant is performing armed security duties for the employer listed on the registration;
  - are not transferrable. Applicants shall not use an existing registration to work for any company other than the company that is indicated on the registration;
  - must be physically carried on their person (“blue card” or computer-printed card) as proof of registration while performing security duties for the agency and/or at the place of off-duty employment.

Active/Sworn Georgia Law Enforcement  
Officers SGE Registration

**GEORGIA BOARD OF PRIVATE DETECTIVES & SECURITY AGENCIES**  
 237 Coliseum Dr., Macon, GA 31217  
 478.207.2440 ~ www.sos.ga.gov/plb/detective

DO NOT WRITE IN THIS SECTION  
 RECEIPT # \_\_\_\_\_  
 AMOUNT \_\_\_\_\_  
 APPLICANT # \_\_\_\_\_  
 INITIAL \_\_\_\_\_ DATE \_\_\_\_\_



**Security Guard Employee Registration for  
 Active/Sworn Georgia Law Enforcement Officers ONLY**

Registration Fee: \$70.00

"Applicant" means an active Law Enforcement Officer who is applying for a SGE Registration.

**Applicant:** \_\_\_\_\_ **My P.O.S.T. # is\*:** \_\_\_\_\_  
 First, Middle, Last, Suffix (Jr., Sr., etc.) *\*You must provide a copy of your current and valid Police ID and a current copy of P.O.S.T. Transcript.*

I am currently employed with the following Law Enforcement Agency: \_\_\_\_\_

**Check this box if you are a military spouse or a transitioning service member of the United States armed forces including the National Guard.**

I am applying for the following Weapons Permit:  Exposed  Shotgun\*\*  Concealed\*\*  
*\*\*requires written request from Employer, including details of duties*

Social Security No.***: _____ - _____ - _____ ***This information is authorized to be obtained and disclosed to State and Federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001. Gender: _____ Male _____ Female	Place of Birth: _____ City _____ State or Country _____ Date of Birth: _____ / _____ / _____
--	--

**Applicant's Address:** \_\_\_\_\_  
 Street, City, County, State, Zip Telephone \_\_\_\_\_

**Applicant's Email Address:** (required) \_\_\_\_\_

**Registering Company:** \_\_\_\_\_ **License No.** \_\_\_\_\_

**Registering Company's Mailing Address:** (WILL APPEAR ON LICENSE & ONLINE)

\_\_\_\_\_ Telephone \_\_\_\_\_  
 Street or PO Box, City, County, State, Zip

**Registering Company's Email Address:** \_\_\_\_\_



Security Guard Employee Registration for  
Active/Sworn Georgia Law Enforcement Officers ONLY

**AFFIDAVIT OF LAW ENFORCEMENT AGENCY**

I certify and declare that the employee for whom this application is made has an active peace officer certification issued pursuant to Chapter 8 of Title 35, the "Georgia Peace Officer Standards and Training Act," required under the rules and regulations of the Board.

\_\_\_\_\_  
Signature of Registering Company Representative

\_\_\_\_\_  
Printed Name of Registering Company Representative

\_\_\_\_\_  
Date

**AFFIDAVIT OF EMPLOYEE**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Board of Private Detective & Security Agencies, and I agree to abide by these laws and rules, as amended from time to time. I also understand that if I violate any of these laws or rules, make any false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, the Board may suspend my registration without a prior hearing. However, I shall, after the suspension or revocation of my registration, be entitled upon request, to appear before the Board in order to contest the suspension or revocation of my registration. Following my appearance before the Board, the board in its sole discretion, may uphold their decision to suspend or revoke my suspension, may restore and reissue my registration subject to any restrictions, or it may restore and reissue my registration.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. Submit a copy of your current Secure and Verifiable Document(s) with your application. A list of approved documents can be viewed at <http://sos.ga.gov/admin/files/svd2013.pdf>.

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE APPLICANT

Subscribed and sworn to before me this  
\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

Active/Sworn Georgia Law Enforcement  
Officers SGE Registration