



- MUST USE MOST **CURRENT** FORM
- **KEY IN** INFORMATION OR **PRINT** CLEARLY
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

EXAMPLE:

Yes
No

ORIGINAL REGISTRATION APPLICATION

REGISTRATION INFORMATION

Type of Registration: (CHOOSE ONE)

<input type="radio"/> Alarm Salesperson	<input type="radio"/> Branch Manager	<input type="radio"/> Guard Dog Trainer	<input type="radio"/> Security Consultant
<input type="radio"/> Alarm Systems Installer	<input type="radio"/> Electronic Access Control Device Installer (Includes Gate Operators)	<input type="radio"/> Locksmith Registration	<input type="radio"/> Security Salesperson
<input type="radio"/> Alarm Systems Monitor	<input type="radio"/> Employee of License Holder	<input type="radio"/> Non-Commissioned Security Officer	
		<input type="radio"/> Private Investigator	

APPLICANT INFORMATION

Company Name		Company License No.	
Applicant Social Security Number	<input type="radio"/> Driver License <input type="radio"/> ID Card <input type="radio"/> US Military ID	DL/ID State:	DL/ID No.
Applicant Last Name	First Name	Middle Name	Suffix (If Any)
Home Address			
City	State (2- Digit Code)	ZIP	Home Phone ()
Date of Birth (MM/DD/YYYY) / /	Place of Birth (CITY)	(STATE)	(COUNTRY)
Gender Male <input type="radio"/> Female <input type="radio"/>	Eyes <input type="radio"/> 1. Blue <input type="radio"/> 2. Brown <input type="radio"/> 3. Gray <input type="radio"/> 4. Hazel <input type="radio"/> 5. Green <input type="radio"/> 6. Black		
Height Ft. In.	Hair <input type="radio"/> 1. Black <input type="radio"/> 2. Red <input type="radio"/> 3. Gray <input type="radio"/> 4. Brown <input type="radio"/> 5. Blonde <input type="radio"/> 6. Bald		
Weight Lbs.	Race <input type="radio"/> 1. White <input type="radio"/> 2. Black <input type="radio"/> 3. Hispanic <input type="radio"/> 4. American Indian <input type="radio"/> 5. Asian <input type="radio"/> 6. Other _____		
List any alias you have used:			
Describe Your Duties:			

PAYMENT INFORMATION: ORIGINAL REGISTRATION APPLICATION FEE: \$30 APPLICATION FEE + \$3 SUBSCRIPTION FEE = \$33

I am submitting the appropriate fee(s) with this application **by mail**. Yes *If yes, a PSB-50 form **must** be submitted with this application. No application.

(Note: Payment must be in the form of a cashier's check, money order or company check.)

I understand all fees submitted to Private Security are **non-refundable** and non-transferable. In accordance with Administrative Rule 35.77, I have **90 days** Yes from the date the application is received by the Department to submit all required documentation, supplemental information and/or fees or this application will be abandoned and I will be required to reapply. No

SUPPLEMENTAL INFORMATION (REQUIRED WITH THIS APPLICATION)

Are you applying as a **Critical Infrastructure** facility? Yes *If yes, you must submit a PSB-44 (Critical Infrastructure Attestation) form. No

Are you applying as a non-commissioned security officer? Yes * If yes, you must submit your Level II training certificate along with this application. No

Regarding submitting Fingerprints: (CHOOSE ONLY ONE)

- I am submitting two (2) classifiable, Board approved fingerprint cards along with the **\$25** FBI classification fee.
- I am submitting the **\$25** FBI classification fee. My fingerprints were submitted electronically and my signed IBT FAST receipt is attached as proof with this application.
- I am a **Peace Officer** (or **Retired Peace Officer**) alternatively submitting a PSB-49 (Peace Officer Fingerprint Waiver) form with this application, instead of FBI fingerprint cards.
- I have fingerprints on file. (Private Security retains fingerprints for an active registration or a registration that has expired within the last year)





Applicant Name	Social Security No. - -
----------------	-------------------------

BACKGROUND INFORMATION

1. Have you ever been convicted, in any jurisdiction, of a felony level offense?	Yes <input type="radio"/>	No <input type="radio"/>	* If yes , has it been LESS than ten (10) years since completing your sentence or probationary period?	Yes <input type="radio"/>	No <input type="radio"/>
2. Have you ever been convicted, in any jurisdiction, of a Class A or equivalent misdemeanor?	Yes <input type="radio"/>	No <input type="radio"/>	* If yes , has it been LESS than five (5) years since completing your sentence or probationary period?	Yes <input type="radio"/>	No <input type="radio"/>
3. Have you, within the past 5 years, been convicted, in any jurisdiction, of a Class B misdemeanor or equivalent offense?				Yes <input type="radio"/>	No <input type="radio"/>
4. Are you currently charged with, or under indictment for, a felony, or Class A misdemeanor?				Yes <input type="radio"/>	No <input type="radio"/>
5. Are you currently charged with a Class B misdemeanor?				Yes <input type="radio"/>	No <input type="radio"/>
6. Have you ever been found by a court to be incompetent by reason of mental defect?				Yes <input type="radio"/>	No <input type="radio"/>
7. Were you discharged from the military?	Yes <input type="radio"/>	No <input type="radio"/>	* If yes , have you received a dishonorable discharge, a bad conduct discharge, or an other than honorable discharge, from Armed Forces?	Yes <input type="radio"/>	No <input type="radio"/>
				* If yes, submit a copy of your DD-214	
8. Are you required to register as a sex offender, in the State of Texas or any other state?				Yes <input type="radio"/>	No <input type="radio"/>
9. Federal law prohibits the Department from issuing a license to anyone who is ineligible to work in the U.S. Are you a non-citizen?	Yes <input type="radio"/>	No <input type="radio"/>	* If yes , you must submit documentation of your federal employment authorization or a copy of your permanent resident card.		
10. I understand any pending charges or conviction referred to above require the submission of the appropriate court documentation, with this application. Failure to report an arrest or conviction, later found by a fingerprint search, may result in denial or revocation of a license based solely on the material misstatement of fact in this application.				Yes <input type="radio"/>	No <input type="radio"/>
11. I acknowledge I have reviewed the eligibility criteria of Occupations Code §1702.113 and the definition of 'conviction' provided in §1702.371 and Administrative Rule §35.1. In addition I acknowledge that I have reviewed the disqualifying offenses listed in Administrative Rules 35.42 and 35.46.				Yes <input type="radio"/>	No <input type="radio"/>

EMPLOYER INFORMATION

I hereby certify that the above applicant began employment in a position that requires this registration with my company on:		Applicant's Date of Employment <small>(MM/DD/YYYY)</small>	/	/
I am requesting that the above applicant be issued a registration with my company as my employee.				
Manager, Manager's Designee or Owner Printed Last Name	Printed First Name			

I verify that the information provided is true and correct, and I understand that this is an official Government record and that any false statement made on this document or any other supplement provided to the Department may result in criminal prosecution.

Applicant Signature _____ Date ___ / ___ / _____

Manager, Manager's Designee or Owner Signature _____ Date ___ / ___ / _____

Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES. (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that:

- (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual;
- (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and
- (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.

(b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.

Found at: <http://www.statutes.legis.state.tx.us/docs/GV/html/GV.559.htm>

This form and attachments can be forwarded by mail to:

Texas Department of Public Safety
Private Security MSC 0242
PO Box 15999
Austin, TX 78761-5999