

City of Sikeston

Security Guard License Application

Name of Applicant _____ Address _____

_____ Home Telephone _____

Date of Application _____

Date of Birth _____ Male _____ Female _____ Race _____ Height _____

Weight _____ Eye Color _____ Hair Color _____ Scars/Marks _____

Name of Firm _____

Address _____

Description of Services Provided _____

I hereby certify the above to be true and correct. _____
Signature of Applicant

Witnessed By _____

Training Provided for: Armed _____ Unarmed _____

License Type:

Conditional _____ From ____/____/____ To ____/____/____

Temporary _____ From ____/____/____ To ____/____/____

Yearly _____ From ____/____/____ To ____/____/____

If Conditional License give explanation _____

The initial and DSN of the Department of Public Safety officer, completing the form, verifying information, administering the exam or test, running the record check, must follow each item below.

(Init. and DSN)

Fingerprint card completed and attached _____

Owner of employing companies information on file with DPS _____

Applicant is resident of Missouri _____

MULES and NCIC check (if any record advise Director DPS) _____

Test results – Written Pass _____ Fail _____

Firearms Pass _____ Fail _____

If the applicant was tested/trained and licensed by another APPROVED _____

Agency: Where _____ When _____

Copy of insurance certificate attached _____

Photo of applicant attached _____

Approval Init. Signature & Date Disapproval Init.

_____ Director of Public Safety _____

_____ City Manager _____

License Issued _____ License # _____ Date _____

City Clerk