

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.

- 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 - will be withdrawn from the licensing system if still incomplete 12 months from the initial submission date.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 the 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. When registering:
 - Select "Secretary of State (SOS)"
 - Select "Private Detective/Security Business"
 - Read and accept the Terms of Use.
 - Complete the Applicant Registration Form. Note: a valid personal email address **must** be included. A third party/agency email address is not permitted.
 - After your application for licensure has been received and processed by the Board, you will receive an email from GAPS directing you to proceed to the fingerprinting site. You must proceed to a GAPS fingerprint site to have your fingerprints scanned within 90 days. If you fail to submit prints within 90 days of your notification from GAPS, your registration will be canceled, a refund will be made to the method of payment you provided and you will need to register again.
 - 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.

**Fee Schedule
(Application fees are non-refundable)**

Initial Licensure Fees - COMPANY	APPLICATION	LICENSE	TOTAL
Private Detective Company (only)	\$100.00	\$300.00	\$400.00
In-House or Private Security Company (only)	\$100.00	\$500.00	\$600.00
Private Detective & Security Company (dual license)	\$100.00	\$700.00	\$800.00

Initial Registration Fees – EMPLOYEE	
Initial Registration - Detective - Unarmed Employee	\$ 45.00
Initial Registration - Detective - Armed Employee	\$ 70.00
Initial Registration - Security Guard - Armed Employee	\$ 70.00
Initial Registration - Detective & Security Guard(dual license) - Armed Employee	\$ 70.00
(unarmed security guards are not required to register with the State)	

Renewal & Reinstatement Fees - COMPANY	
On-time Renewal Fee - Detective Company (only)	\$ 300.00
On-time Renewal Fee - Security Company (only)	\$ 500.00
On-time Renewal Fee - Detective and Security Company (dual license)	\$ 700.00
Late Renewal Fee – Detective Company (only)	\$ 400.00
Late Renewal Fee – Security Company (only)	\$ 600.00
Late Renewal Fee – Detective and Security Company (dual license)	\$ 800.00
Reinstatement Fee – Detective Company (only)	\$ 550.00
Reinstatement Fee – Security Company (only)	\$ 750.00
Reinstatement Fee – Detective and Security Company (dual license)	\$ 1050.00

Renewal & Reinstatement Fees - EMPLOYEE	
On-time Renewal Fee – All Employee Registrations	\$ 65.00
Late Renewal Fee – All Employee Registration Types	\$ 80.00
Reinstatement Fee – same as initial registration fee	--

TRAINING INSTRUCTORS	
Initial Registration Fee - 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
Lost or Destroyed License Replacement Fee	\$ 25.00
Additional Weapon / Change of Weapon Type Application Fee	\$ 25.00
Verification of Licensure (order online)	\$ 35.00
Decorative Wall Certificate	\$ 50.00

GEORGIA BOARD OF PRIVATE DETECTIVES & SECURITY AGENCIES

237 Coliseum Dr., Macon, GA 31217
404-424-9966 – www.sos.ga.gov/plb/detective

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

**Security Guard Employee Registration for
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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.

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: _____

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: _____ / _____ / _____
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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)

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

Registering Company's 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.

 Please note that failure to disclose information requested in this application or giving any false statements / information can result in a disciplinary order and fine, and potentially denial of licensure.

1.	Have you ever been arrested? <i>Note: The answer to this question is "Yes" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Have you been arrested for a crime involving the illegal use, carrying, or possession of a dangerous weapon? <i>Note: The answer to this question is "Yes" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Are you currently on probation which prohibits you from possessing, carrying, or owning a weapon or firearm, or have you been convicted of any crime for which your right to possess, carry, or own a firearm has been restricted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any illegal drug, prescription drug, or any other mood altering substance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Do you currently possess any mental illness or condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of this profession?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Has any licensing authority in Georgia or any other jurisdiction, or any certifying body (e.g. P.O.S.T.), ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you, now or previously, or ever fined, censured, reprimanded or otherwise disciplined you or any company in which you are or were a principal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

9.	Are you, or any company in which you are or were a principal, currently under investigation or is a disciplinary action pending against your license or any other license or certification you hold in any state or territory of the United States?	__YES	__NO
10.	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: _____ _____	__YES	__NO
11.	Have you completed the required Basic Training for this registration? If so, 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.	__YES	__NO

 The Board requires applicants to disclose all previous arrests and discipline by other regulatory boards. **If you answer “Yes” to any of the following questions** you are required to provide a certified copy of the official documents showing the final disposition of the incident as well as a personal, detailed letter of explanation regarding each incident. To avoid processing delays please submit all documentation as part of your application packet. 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.

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: _____

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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: _____