

**ARKANSAS BOARD OF PRIVATE INVESTIGATORS  
AND PRIVATE SECURITY AGENCIES**

**APPLICATION FOR APPROVAL OF TRAINING PERSONNEL**

**PLEASE TYPE**

NAME OF COMPANY, INSTITUTION,  
OR PRIVATE BUSINESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

\*\*\*\*\*

NAME (INSTRUCTOR) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

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PLEASE CHECK THE CATEGORY YOU ARE APPLYING FOR:

TRAINING ADMINISTRATOR (CAN CERTIFY SECURITY OFFICER TRAINING)

ASSISTANT TRAINING ADMINISTRATOR (CAN CERTIFY SECURITY TRAINING)

TRAINING INSTRUCTOR (CANNOT CERTIFY SECURITY TRAINING)

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QUALIFICATIONS:

YEARS EXPERIENCE IN THE SECURITY FIELD: \_\_\_\_\_  
(WITH SECURITY COMPANY, MILITARY, LAW ENFORCEMENT OR PRIVATE BUSINESS)

STATE POSITION IN WHICH EXPERIENCE WAS GAINED WITH ABOVE:

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

LIST ANY OTHER EXPERIENCE QUALIFICATIONS YOU HAVE IN THE SECURITY FIELD:

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

EDUCATION:

HIGH SCHOOL GRADUATE: YES ( ) NO ( ) NAME: \_\_\_\_\_

GED OR EQUIVALENT: DATE RECEIVED \_\_\_\_\_

**ATTACH HIGH SCHOOL DIPLOMA OR GED CERTIFICATE TO THIS APPLICATION.**

LIST ANY HIGHER EDUCATION YOU HAVE: \_\_\_\_\_

\_\_\_\_\_

LIST ANY INSTRUCTOR EXPERIENCE YOU HAVE: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF OWNER OR MANAGER \_\_\_\_\_

SIGNATURE OF APPLICANT (INSTRUCTOR) \_\_\_\_\_

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DO NOT WRITE IN THIS SPACE--FOR BOARD USE ONLY

DATE CERTIFICATION EXAM ADMINISTERED:

1. SCORE \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. SCORE \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. SCORE \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE OF BOARD ADMINISTRATOR: \_\_\_\_\_