



City of Cañon City
Security Guard
License Application
\$50.00

Full Legal Name: _____

List any other names you have used: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address (if different from residence): _____

Home Phone: _____ Daytime Phone: _____

Current Driver's License Number and State: _____

Merchant Patrol/Security Guard Service Company
by whom you are to be employed: _____

List all residence addresses below. Include current and previous addresses for the past five years.

Street Number	City, State, Zip	From	To
Current			
Previous			

List all current and former employers or businesses engaged in within the last five years. Attach a separate sheet, if necessary.

Name of Employer	Address (Street, City, State, Zip)	Position Held	From	To

Please answer the following questions. Attach a separate sheet if more space is needed to provide complete answers.

1. Have you ever been convicted of any crime or ordinance violation (other than minor traffic violations) during the last 10 years? Yes No

If yes, state date and nature of offense: _____

Place where offense occurred: _____

Date of conviction: _____ Court: _____

Penalty Imposed: _____

Date requirements of penalty satisfied: _____

2. Have you ever received mental health counseling, or been voluntarily or involuntarily committed for psychiatric or mental health treatment? Yes No

If yes, when: _____ Where? _____

Why: _____

Name and address of mental health practitioner or facility: _____

3. Have you ever had any chemical use or abuse problems or have you ever voluntarily or involuntarily participated in or were ordered by a court or otherwise committed to a treatment program for substance abuse or addiction? Yes No

If yes, when? _____ Where? _____

Why: _____

Name and address of mental health practitioner or facility: _____

Describe the treatment program: _____

Requirements:

1. Security Guards must attend a Basic Security Course which has been approved by the Chief of Police.
2. Security Guards shall not carry firearms unless (s)he attends a Firearms Course that has been approved by the Chief of Police. (S)He must then provide the License Officer with the original certificate issued upon completion of said course. No Security Guard shall carry a firearm unless (s)he has received an "Armed" classification on the Security Guard license issued by the Licensing Officer. Nothing herein shall be construed to permit a Security Guard to carry an illegal or concealed weapon.
3. Security Guards shall not arrest any person except as permitted by law.
4. Security Guards shall not represent themselves in any manner to be a peace officer or as having any police authority.
5. Security Guards shall not wear any uniforms unless the same are first approved by the Chief of Police.
6. Security Guards must report any break-in or suspicious circumstances to the Police Department as soon as possible.
7. Security Guards shall not provide security services unless employed by a licensed Merchant Patrol/Security Guard service.
8. No Security Guard license shall be issued to a currently employed peace officer.

The following documents must be submitted with this application:

1. Original certificate of completion from an approved Basic Security Course. To receive approval, submit a copy of the curriculum taught at the course.
2. Two (2) recent wallet-size color photographs.
3. Two (2) letters of reference from reputable persons who have personally known you for at least five (5) years and can attest to your good character, integrity and suitability as a Security Guard. Letters MUST contain the name, address and daytime phone number of the person submitting the statement.
4. Fingerprint card.

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I hereby state that I am not currently employed as a peace officer or that, if currently employed as a peace officer, I will not serve as a security guard while being so employed. I acknowledge the requirements set forth relative to Security Guard licensure.

Date: _____

Applicant Signature

For City of Cañon City Use Only:

Record Check Date: _____ Fingerprint results received (date): _____

Approved: _____ Denied: _____ Date: _____
Chief of Police Chief of Police

Approved: _____ Denied: _____ Date: _____
City Clerk City Clerk