



COMMISSIONED SCHOOL SECURITY OFFICER APPLICATION

FOR OFFICE USE ONLY
EFFECTIVE 12-2016
EXPIRES _____
PROCESSED BY _____

NOTICE: Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

PURSUANT TO A.C.A § 17-40-301, IT IS UNLAWFUL TO PERFORM ANY FUNCTION REQUIRING A LICENSE, CREDENTIAL OR COMMISSION UNTIL SAID LICENSE, CREDENTIAL OR COMMISSION HAS BEEN ISSUED TO THE APPLICANT.

PLEASE TYPE OR PRINT LEGIBLY

NAME OF PRIVATE BUSINESS, SCHOOL OR COMPANY: _____

CMPY # _____

I the undersigned hereby affirm that the applicant listed on this application is allowed to provide service to our school district as a Commissioned School Security Officer (CSSO).

Signature of School Superintendent _____ School District _____ Date _____

NAME _____
Last First MI

FOR OFFICE USE ONLY:
Employee Credential Number

PLEASE ATTACH TWO (2) CURRENT PASSPORT STYLE PHOTOS TO THIS APPLICATION. Please write applicant's name on the back of the photograph

SS#: _____ - _____ - _____ DOB: _____
(MUST BE 21 YRS OLD)

SEX: _____ RACE: _____ HGT: _____ WGT: _____ EYES: _____ HAIR: _____

APPLICANT PHYSICAL ADDRESS: _____
Street/P.O. Box City County State/ZIP

APPLICANT MAILING ADDRESS: _____
Street/P.O. Box City County State/ZIP

DRIVER'S LICENSE: _____ HOME PHONE: (_____) _____
State Number

EMAIL ADDRESS: _____ CELL PHONE: (_____) _____

PLACE OF BIRTH: _____
City County State Country

*****IF YOU ARE A NON-U.S. CITIZEN, PLEASE ATTACH CURRENT/VALID PROOF OF ELIGIBILITY TO WORK IN THE U.S.**

CURRENT AND ACTIVE CERTIFIED LAW ENFORCEMENT OFFICER? Yes No
(CERTIFIED LAW ENFORCEMENT OFFICERS ARE EXEMPT FROM THE TRAINING REQUIREMENTS. THE OFFICER MUST BE A CURRENT, ACTIVE LAW ENFORCEMENT OFFICER. (SEE RULE 10.6)
(PLEASE ATTACH A COPY OF YOUR LAW ENFORCEMENT CERTIFICATION AND A LETTER FROM THE LAW ENFORCEMENT AGENCY THAT YOU ARE CURRENTLY EMPLOYED WITH THAT STATES YOU ARE A CURRENT, ACTIVE LAW ENFORCEMENT OFFICER.)

DATE THIS APPLICATION WAS COMPLETED: _____
(APPLICATION MUST BE SUBMITTED TO THE ARKANSAS STATE POLICE WITHIN 14 CALENDAR DAYS OF THE HIRE. THE APPLICANT MAY WORK UNDER THE SUPERVISION OF THE LICENSEE OR CREDENTIAL HOLDER UNTIL THE APPLICATION HAS BEEN PROCESSED BY THE DEPARTMENT.

**** "SUPERVISION" IS DEFINED AS THE LICENSEE OR CREDENTIAL HOLDER WATCHING AND DIRECTING THE APPLICANT'S ACTIVITIES WHILE IN THE IMMEDIATE PRESENCE (LINE OF SIGHT PROXIMITY) OF THE APPLICANT AT ALL TIMES. (SEE RULE 2.13)**

***** PLEASE SUBMIT A CHECK OR MONEY ORDER ONLY *****

ALL APPLICANTS MUST HAVE A BACKGROUND CHECK. APPLICATION FEE AND BACKGROUND CHECK FEES MUST BE INCLUDED WITH THE SUBMISSION OF THIS APPLICATION.

COMMISSIONED SCHOOL SECURITY OFFICER (ARMED)	FEE	\$40.00	CODE 20015
STATE BACKGROUND CHECK FEE	FEE	\$22.00	CODE 82006
FEDERAL BACKGROUND CHECK FEE	FEE	\$10.00	CODE 80012
FEDERAL BACKGROUND/ INA FEE	FEE	\$1.00	CODE 80011
FEDERAL BACKGROUND CHECK FEE	FEE	\$2.00	CODE 80006

TOTAL AMOUNT DUE \$75.00

HAVE YOU BEEN PREVIOUSLY LICENSED, CREDENTIALLED, OR COMMISSIONED?

- NO**
- If yes, please provide the following information.**

Previous Employer Name: _____

Date employed: ____/____/____ Date employment ended: ____/____/____

Position Held: _____

The applicant must list all arrests, pending criminal charges, pleas of nolo contendere, pleas of guilty, or convictions for any felony, Class A misdemeanor offense involving theft, sexual offenses, violence, an element of dishonesty, or a crime against a person as determined by the department, or to a comparable offense in another state, or in a military or federal court for which a pardon has not been granted. **(See Rule 2.10).** Include all those that have been sealed or expunged **(MUST PROVIDE COPY OF ORDER TO SEAL AND ORIGINAL JUDGMENT).**

Rule 2.9. Prior offenses –
The Director of the Department shall deny an application if the applicant has been found guilty or has pleaded guilty or “nolo contendere” to any criminal offense listed in A.C.A. § 17-39-202, § 17-39-206, § 17-39-304, § 17-40-306, or § 17-40-337.
(a) A prior conviction will disqualify the applicant even if the conviction has been sealed or expunged; but (b) A prior conviction will not disqualify an applicant if the applicant has received a pardon for the conviction in accordance with A.C.A. § 16-93-201, et seq. (i) To qualify for a commission, the pardon must include a provision for full restoration of firearm rights.

CHECK APPLICABLE BOX:

- NO, I DO NOT HAVE ANY RECORDS OF ARREST, PENDING CRIMINAL CHARGES, CONVICTION(S) OR PLEA(S) OF NOLO CONTENDERE OR GUILTY.
- YES, I DO HAVE RECORDS OF ARREST, PENDING CRIMINAL CHARGES, CONVICTION(S) OR PLEA(S) OF NOLO CONTENDERE OR GUILTY.

LIST ALL RECORDS OF ARREST, PENDING CRIMINAL CHARGES, CONVICTION(S) OR PLEA(S) OF NOLO CONTENDERE OR GUILTY.

Charge	Location	Date	Disposition

NOTICE: A VERIFIED STATEMENT (ANY COURT DOCUMENT, ARRESTING AGENCY REPORT OR INFORMATION FROM A PROSECUTOR’S OFFICE) REGARDING ANY CHARGE LISTED ABOVE MUST BE ATTACHED TO THIS APPLICATION.

Do you suffer from habitual drunkenness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from narcotics addiction or dependence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been dishonorably discharged from the United States Armed Forces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been adjudicated as mentally incompetent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been involuntarily committed to a mental institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been involuntarily committed to a mental health treatment facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a registered sex offender or required to register as a sex offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

VERIFICATION AND AUTHORITY TO RELEASE

TO WHOM IT MAY CONCERN

Under penalty of A.C.A. § 5-53-103, I the undersigned hereby affirm that all information contained on this application is true and correct. I understand that giving a false statement or submitting a false document will subject me to criminal prosecution, preclude future Arkansas Private Investigator, Security, Alarm Installation, and Monitoring license, commission, or credential issuance, and/or immediate revocation of any license, commission, or credential already issued by the Department.

I understand that the Arkansas State Police will conduct a thorough background investigation before rendering a final decision regarding my eligibility for a License, Commission and/or Credential and this investigation may include, but not be limited to, inquiries as to my abilities, character, reputation, criminal record, and past employment record.

To facilitate this investigation, I do, hereby, give my consent and authority for any educational institution, hospital, mental institution, including specifically the Arkansas State Hospital and Veterans Administration Hospital, medical doctor, police agencies, the Arkansas Crime Information Center, Federal Bureau of Investigation, National Crime Information Center, Interstate Information Index, credit reporting agencies, former employers, and former business associates to furnish information from their records to the Arkansas State Police. I do, hereby, give my consent and authority that any information (including sealed or expunged criminal history) and/or evidence gathered or received by the aforementioned agencies may be submitted to any court, board, or commission in open hearing or court in any judicial or administrative proceeding.

With regard to any credit reporting agencies which might be contacted by the Arkansas State Police, I understand that I may inquire as to the identification of those credit reporting agencies contacted, and the Arkansas State Police will advise me as to the identity and the nature and scope of information they furnished.

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** _____

APPLICANT RECORD NOTIFICATION

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.
Obtaining Copy: Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.
Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

Rev. December 2016



CSSO TRAINING PAGE



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NAME OF SCHOOL OR COMPANY _____ CMPY _____

NAME _____
Last First MI

For Office Use Only:
Employee Credential Number

SS#: _____ - _____ - _____ DOB: _____

PHASE I MAY BE CONDUCTED BY A TRAINING ADMINISTRATOR (TA), ASSISTANT TRAINING ADMINISTRATOR (ATA), TRAINING INSTRUCTOR (TI), OR GUEST INSTRUCTOR.

PHASE I – Training Requirements for PSO, CSO and CSSO

**Must consist of eight (8) hours minimum (Rule 10.3).*

- Legal Authority Familiarity with Act 393
- Field Note Taking and Report Writing
- DATE TRAINING COMPLETED** _____

The instructor(s) and guest instructor(s) by completing this form affirm that he/she has successfully administered the training required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules. I hereby affirm that the representations made herein are true and correct.

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

Sign: _____

Sign: _____

Print: _____

Print: _____

Credential Number: _____

Credential Number: _____

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

Sign: _____

Sign: _____

SUBJECT TAUGHT: _____

SUBJECT TAUGHT: _____

Print: _____

Print: _____

Address: _____

Address: _____

DOB: _____ Phone Number: _____

DOB: _____ Phone Number: _____

*****If more than two guest instructors, please attach the ASP Supplemental Instructor Training Page. *****

Guest instructors can be utilized to teach training requirements under the guidance and supervision of a registered Training Administrator. If a guest instructor teaches any portion of the required training the credentialed Training Administrator or Assistant Training Administrator must be present during instruction and must also sign this form.

THE FIREARMS PORTION OF PHASE II AND III MUST BE CONDUCTED BY A CERTIFIED FIREARMS TRAINING INSTRUCTOR.

Certified Firearms Instructors must attach a current copy of their Firearms certification to this training page

PHASE II – Training Requirements for CSO and CSSO

****Must consist of sixteen (16) hours minimum (at least eight (8) hours in the classroom and eight (8) hours on the firing range) (Rule 10.4).***

Use of Deadly Force and Arkansas Law	<input type="checkbox"/>	Familiarity with Act 393	<input type="checkbox"/>
Weapons and Safety	<input type="checkbox"/>		
Live Fire Training, Marksmanship and Qualifications	<input type="checkbox"/>		
Pistol Qualification Course	<input type="checkbox"/>		
Primary Weapon Caliber	<input type="checkbox"/> _____	Secondary Weapon Caliber	<input type="checkbox"/> _____
Primary Weapon Make	<input type="checkbox"/> _____	Secondary Weapon Make	<input type="checkbox"/> _____
Primary Weapon Model	<input type="checkbox"/> _____	Secondary Weapon Model	<input type="checkbox"/> _____
Rifles or Shotgun Qualification Course	<input type="checkbox"/>		
Weapon Caliber	<input type="checkbox"/> _____		
Weapon Make	<input type="checkbox"/> _____		
Weapon Model	<input type="checkbox"/> _____		
<u>DATE TRAINING COMPLETED</u>	<input type="checkbox"/> _____		

The instructor(s) and guest instructor(s) by completing this form affirm that he/she has successfully administered the training required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules. I hereby affirm that the representations made herein are true and correct.

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

Sign: _____
Print: _____
Credential Number: _____

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

Sign: _____
Print: _____
Credential Number: _____

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

Sign: _____
SUBJECT TAUGHT: _____
Print: _____
Address: _____
DOB: _____ Phone Number: _____

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

Sign: _____
SUBJECT TAUGHT: _____
Print: _____
Address: _____
DOB: _____ Phone Number: _____

*****If more than two guest instructors, please attach the ASP Supplemental Instructor Training Page. *****

Guest instructors can be utilized to teach training requirements under the guidance and supervision of a registered Training Administrator. If a guest instructor teaches any portion of the required training the credentialed Training Administrator or Assistant Training Administrator must be present during instruction and must also sign this form.

PHASE III – Training Requirements for CSSO

**Must consist of thirty six (36) hours minimum (Rule 10.5).*

Familiarity with Act 393

Legal Limitation (Use of Firearms/Powers and Authority of CSSO)

Active Shooter Training or Approved Equivalent
**Must comprise at least (16) hours of the (36) hours required (Rule 10.5).*

Active Shooter Simulations and Live-Fire Range Practice
**Must comprise at least (10) hours of the (36) hours required (Rule 10.5).*

Trauma Care / CPR Certification

_____ **CPR Certification Expiration Date**

Defensive Tactics

Weapon Retention

DATE TRAINING COMPLETED

The instructor(s) and guest instructor(s) by completing this form affirm that he/she has successfully administered the training required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules. I hereby affirm that the representations made herein are true and correct.

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

Sign: _____

Sign: _____

Print: _____

Print: _____

Credential Number: _____

Credential Number: _____

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

Sign: _____

Sign: _____

SUBJECT TAUGHT: _____

SUBJECT TAUGHT: _____

Print: _____

Print: _____

Address: _____

Address: _____

DOB: _____ Phone Number: _____

DOB: _____ Phone Number: _____

*****If more than two guest instructors, please attach the ASP Supplemental Instructor Training Page. *****

****** Certified Firearms Instructors must attach a current copy of their Firearms certification to this training page******

The applicant by completing this form, affirms that he/she has successfully completed the training as required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules.

Signature of Applicant: _____

Guest instructors can be utilized to teach training requirements under the guidance and supervision of a registered Training Administrator. If a guest instructor teaches any portion of the required training the credentialed Training Administrator or Assistant Training Administrator must be present during instruction and must also sign this form.