



**UPGRADE- PRIVATE SECURITY OFFICER (PSO)  
TO COMMISSIONED SECURITY OFFICER (CSO) OR  
COMMISSIONED SCHOOL SECURITY OFFICER (CSSO)**

<p align="center"><b>FOR OFFICE USE ONLY</b> EFFECTIVE 1-7-2019</p> <p>EXPIRES _____ PROCESSED BY _____</p>
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**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.**

**THIS APPLICATION IS TO BE USED FOR A PRIVATE SECURITY OFFICER (UNARMED) THAT IS ELIGIBLE TO UPGRADE TO A COMMISSIONED POSITION (ARMED).**

**PLEASE SELECT ONE:**

- COMMISSIONED SECURITY OFFICER
- COMMISSIONED SCHOOL SECURITY OFFICER

**PLEASE TYPE OR PRINT LEGIBLY**

NAME OF COMPANY \_\_\_\_\_ CMPY # \_\_\_\_\_

NAME \_\_\_\_\_  
Last First MI

<p align="center"><b>FOR OFFICE USE ONLY:</b> Employee Credential Number</p>
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SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

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 CREDENTIAL NUMBER \_\_\_\_\_

EXPIRATION DATE OF CURRENT CREDENTIAL \_\_\_\_\_  
(THE UPGRADED CREDENTIAL WILL EXPIRE ON THE DATE THE INITIAL CREDENTIAL IS DUE TO EXPIRE)

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

**ALL APPLICANTS MUST HAVE A BACKGROUND CHECK. APPLICATION FEE, 2-CLASSIFIABLE FINGERPRINT CARDS, AND BACKGROUND CHECK FEES MUST BE INCLUDED WITH THE SUBMISSION OF THIS APPLICATION.**

STATE BACKGROUND CHECK FEE	FEE	\$22.00	CODE 82006
FEDERAL BACKGROUND CHECK FEE	FEE	\$11.25	CODE 80019
FEDERAL BACKGROUND/INA FEE	FEE	\$1.00	CODE 80011
FEDERAL BACKGROUND CHECK FEE	FEE	\$2.00	CODE 80006
WALLET IDENTIFICATION CARD	FEE	\$5.00	CODE 20021

**TOTAL AMOUNT DUE \$41.25**

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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.)**

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 (**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
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**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"/>
Have you been issued a Medical Marijuana Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you on active duty military service? <b>(Please attach a copy of the DD-214)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the spouse of an active duty service member? <b>(Please attach a copy of the DD-214)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a returning military veteran applying within one (1) year of discharge from active duty? <b>(Please attach a copy of the DD-214)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the spouse of a returning military veteran applying within one (1) year of discharge from active duty? <b>(Please attach a copy of the DD-214)</b>	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



**UPGRADE-  
CSO/CSSO  
TRAINING PAGE**



Effective Date  
1-2019

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NAME OF SCHOOL OR COMPANY \_\_\_\_\_ CMPY \_\_\_\_\_

NAME \_\_\_\_\_  
Last First MI

For Office Use Only:  
Employee Credential Number

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

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.)**

(If checked, a signature of TA or ATA or Superintendent is required)

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:**

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.**

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"/> _____		
<b><u>DATE TRAINING COMPLETED</u></b>	<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: \_\_\_\_\_

**GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:**

Sign: \_\_\_\_\_

SUBJECT TAUGHT: \_\_\_\_\_

Print: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone 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: \_\_\_\_\_

**\*\*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 III – Training Requirements for CSSO**

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

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
Familiarity with Act 393	<input type="checkbox"/>	
Legal Limitation (Use of Firearms/Powers and Authority of CSSO)	<input type="checkbox"/>	
Active Shooter Training or Approved Equivalent <i>*Must comprise at least (16) hours of the (36) hours required (Rule 10.5).</i>	<input type="checkbox"/>	
Active Shooter Simulations and Live-Fire Range Practice <i>*Must comprise at least (10) hours of the (36) hours required (Rule 10.5).</i>	<input type="checkbox"/>	
Trauma Care / CPR Certification	<input type="checkbox"/>	_____
		<b>CPR Certification Expiration Date</b>
Defensive Tactics	<input type="checkbox"/>	
Weapon Retention	<input type="checkbox"/>	
<b><u>DATE TRAINING COMPLETED</u></b>	<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. \*\***  
**\*\*\* 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.**