CITY OF COLORADO SPRINGS

OFFICE OF THE CITY CLERK
30 South Nevada Avenue, Suite 101
Post Office Box 1575, Mail Code 110
Colorado Springs, Colorado 80901-1575
(719) 385-5105 Fax:(719) 385-5114

APPLICATION FOR RENEWAL OF PRIVATE SECURITY OFFICER LICENSE

City Code Section 2.3.209

FAILURE TO TRUTHFULLY ANSWER ANY ITEMS OF THIS APPLICATION MAY RESULT IN DENIAL OF A LICENSE

LICENSE FEE	**$**	**95.00**
BACKGROUND CHECK FEE	**$**	**8.00**

- Renewal Applications are processed at the City Clerk's Office, Monday thru Friday between the hours of 2:00 p.m. to 4:30 p.m. only.
- Applications to be processed Monday thru Friday must be submitted at the Police Operations Center **no later than 10:00 a.m.** Applications submitted after 10:00 a.m. will not be processed until the following licensing day.

1. Full Name of Applicant: _____

2. Any other names by which you have been known: _____

3. Residence Address: _____ Home Phone: _____

   Birthdate: _____ Place of Birth: _____ SSN: _____ Race: _____

4. Security Agency for Which You Will Be Working: _____ Supervisor: _____

5. List residence addresses for 5 years prior to date of this application:

ADDRESS	CITY/STATE	DATE FROM	DATE TO

6. Have you ever been charged or convicted with a criminal offense, fined, imprisoned, placed on probation, received a suspended sentence, or forfeited bail for any offense in criminal court? (Include misdemeanors and any pending charges). Yes ☐ No ☐

   If yes, list nature of offense(s), date occurred, place occurred and penalties imposed for each offense:

   _____

   _____

7. List work history for five (5) years prior to the date of this application. (LIST MOST RECENT FIRST)

COMPANY	SUPERVISOR	DATE - FROM	DATE – TO

CITY OF COLORADO SPRINGS

OFFICE OF THE CITY CLERK
30 South Nevada Avenue, Suite 101
Post Office Box 1575, Mail Code 110
Colorado Springs, Colorado 80901-1575
(719) 385-5105 Fax:(719) 385-5114

8. Veteran of U.S. Armed Forces: Yes ☐ No ☐
   a) If yes, have you ever been tried by a Military Court Martial? Yes ☐ No ☐
   b) If yes, please give nature of offense(s), date occurred, place occurred and penalties imposed for each

   _____
   _____

9. Have you ever had a security officer license denied, suspended or revoked in this or any other state?
   Yes ☐ No ☐

   If yes, please give details:

   _____

10. Please state any known physical or mental health problems:

   _____

11. Have you ever been involuntarily confined to a mental health institution? Yes ☐ No ☐
   If yes, list reason and location:

   _____

SWORN AFFIRMATION

I hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of a license. I have been furnished with, and am familiar with, the ordinances and regulations pertaining to this application. I further understand that any violation of the laws of the State of Colorado, or the Ordinances of the City of Colorado Springs, Colorado, can result in denial of this application, or suspension/revocation of my license.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and consent to the release of information and all known records including criminal convictions, if any, to authorized agents of the Colorado Springs Police Department, City Clerk's Office, and any other department requiring the information for approval of this license. This authorization shall be valid for the duration of my license, and any renewals thereof.

Dated: _____ _____
Signature of Applicant

State of Colorado)
) ss.
County of El Paso)

Subscribed and sworn to before me this _____ day of _____, 20 _____

My Commission Expires: _____

_____
Notary Public

CITY OF COLORADO SPRINGS

OFFICE OF THE CITY CLERK
30 South Nevada Avenue, Suite 101
Post Office Box 1575, Mail Code 110
Colorado Springs, Colorado 80901-1575
(719) 385- 5105 Fax:(719) 385-5114

NOTICE

POLICE OPERATIONS CENTER:
705 S. NEVADA AVE. AT THE CORNER OF NEVADA AND RIO GRANDE ST.

CHECK THE APPLICATION CAREFULLY.
A) THE APPLICANT'S NAME MUST BE LEGIBLE
B) BIRTHDATE AND SOCIAL SECURITY NUMBER MUST BE CORRECT

INCORRECT INFORMATION WILL CAUSE THE APPLICATION TO BE REJECTED.

PLACE THE **NOTARIZED APPLICATION ONLY** IN THE BOX DESIGNATED FOR BACKGROUND CHECKS BETWEEN THE HOURS OF 8:00 A.M. TO 10:00 A.M. (MONDAY THRU FRIDAY) AT THE POLICE OPERATIONS CENTER. **DO NOT SUBMIT MONEY** WITH THE APPLICATION.

APPLICATIONS ARE PROCESSED BY THE CITY CLERK'S OFFICE MONDAY THRU FRIDAY BETWEEN THE HOURS OF 2:00 P.M. AND 4:30 P.M.

TO PROCESS YOUR APPLICATION, A LETTER OF HIRE FROM YOUR EMPLOYER MUST BE SUBMITTED TO THE CITY CLERK'S OFFICE.