



# MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY APPLICATION FOR SECURITY GUARD PERMIT



Please Check One:

- ☐ Initial Application  
☐ Renewal Application

## A. TYPE OF SECURITY GUARD

Pursuant to Section 97-37-7, Mississippi Code of 1972, to be issued a Statewide Security Guard Gun Permit that is valid while actively engaged in the performance of your duties, you must be one or more of the following: [Please check all appropriate boxes]:

- |                                                                |                                                                                                                                       |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Duly Constituted Bank Guard           | <input type="checkbox"/> Agent or Employee of a Patrol Service                                                                        |
| <input type="checkbox"/> Company Guard                         | <input type="checkbox"/> Agent or Employee of a Guard Service                                                                         |
| <input type="checkbox"/> Watchman                              | <input type="checkbox"/> Agent or Employee of a company engaged in the business of transporting money, securities, or other valuables |
| <input type="checkbox"/> Railroad Special Agent/Representative |                                                                                                                                       |

## B. PERSONAL INFORMATION

|                                                                                                             |                  |           |                                                                                                                                                                                                                                                                                                                                                                                           |                |                                     |                      |
|-------------------------------------------------------------------------------------------------------------|------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------|----------------------|
| 1. Full Name<br>Last First Middle                                                                           |                  |           | 2. Have you ever been known by another name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>(IF YES, ATTACH IFP-FORM-01 AND COMPLETE SECTION 1)</small>                                                                                                                                                                                                            |                | 3. Date of Birth<br>MO / DAY / YEAR |                      |
| 4. Current Residential Address<br>Street/Rural Route: City: County: State: Zip:                             |                  |           |                                                                                                                                                                                                                                                                                                                                                                                           |                | 5. Social Security Number           |                      |
| Mailing Address (if different from Residential Address)<br>Street/P.O. Box/Route: City: County: State: Zip: |                  |           |                                                                                                                                                                                                                                                                                                                                                                                           |                | 6. Daytime Contact Number           |                      |
| 7. Height<br>ft. in.                                                                                        | 8. Weight<br>lbs | 9. Gender | 10. Race                                                                                                                                                                                                                                                                                                                                                                                  | 11. Hair Color | 12. Eye Color                       | 13. Email (Optional) |
| 15. DL Number/State of Issuance                                                                             |                  |           | 16. Citizenship (If "Other", complete IFP-FORM-02 SECTION 2)<br><input type="checkbox"/> United States Citizen<br><input type="checkbox"/> Other With Lawful Permanent Residence<br><input type="checkbox"/> Other with Non-Immigrant Visa (meeting exemptions of 18 U.S.C. 922(y))<br>If "Other", List Other Countries of Citizenship<br>USCIS Alien Registration Number (If applicable) |                |                                     |                      |

## C. QUALIFYING QUESTIONS (All questions must be answered and any required alternate forms must be attached or this application may be rejected. Keep copies of all submitted materials for your records.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Are you currently twenty-one (21) years of age or older?                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you read and completely understand MS Code § 97-37-7? Code section is also available through a search on the MS SOS office webpage.                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Do you currently hold a valid or expired handgun / security guard permit? If "YES", list the State and Permit #:                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you ever been denied a security guard permit, a concealed handgun permit or had either type of permit suspended or revoked?                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Are you ineligible to own, possess, or receive a firearm under the provisions of any state or federal law?                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Have you ever been dishonorably discharged from the United States Armed Forces?                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Are you suffering from any physical infirmity which could prevent the safe handling of a firearm?                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Have you ever been convicted of or entered a plea of guilty/nolo contendere to any criminal/felony charge? If "YES", complete IFP-FORM-02.<br><small>FAILURE TO ACKNOWLEDGE A CONVICTION MAY BE INTERPRETED AS MAKING A MATERIALLY FALSE STATEMENT</small>                                                                                                                                                                            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. Do you have any criminal charges pending or are you presently on parole or probation for a criminal offense pending trial, appeal, or sentencing for a crime that would prevent you from obtaining a firearm permit or security guard permit? If "YES", complete IFP-FORM-02.<br><small>FAILURE TO ACKNOWLEDGE ANY CURRENT OR PENDING CRIMINAL CHARGES IN ANY COURT MAY BE INTERPRETED AS MAKING A MATERIALLY FALSE STATEMENT</small> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. Have you ever received a pardon or expungement for a criminal offense? If "YES", complete IFP-FORM-02.                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11. Have you ever been declared mentally incompetent in a court of law?<br>12a. If "YES" to Question #12, have you received a court order restoring you to capacity and waited at least five (5) years from the date of that court order to make this application? If your answer is "YES", attach a copy of that court order.                                                                                                           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 12. Have you been voluntarily or involuntarily committed to a mental institution or mental health treatment facility? If "YES", it is required that you provide a copy of the certificate from a MS-licensed psychiatrist denoting that you have not suffered from this disability for at least five (5) years.                                                                                                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 13. Do you chronically or habitually abuse any controlled substance?                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 14. Have you ever been voluntarily admitted or involuntarily committed to any treatment facility, institution, or hospital for the abuse of a controlled substance or alcohol?                                                                                                                                                                                                                                                           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 15. Have you been found guilty of a crime under the provisions of the Uniform Controlled Substances Law or similar laws of any other state or the United States relating to controlled substances within the past three (3) years? If "YES", provide the date of judgement: / /                                                                                                                                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 16. Have you been convicted of a misdemeanor crime of domestic violence within the meaning of statute 18 U.S.C. § 922 (g)(9)? It is against federal law for anyone who has been convicted of a misdemeanor crime of domestic violence to possess any firearm or ammunition. If "YES", complete form IFP-Form-03.<br>Also, if your answer is "YES", have you received a pardon, expungement or full restoration of your civil rights?     | <input type="checkbox"/> YES <input type="checkbox"/> NO |

## D. SPECIAL DESIGNATION

|                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Are you a retired law enforcement officer renewing a security guard permit who wishes to claim exemption to the payment of the renewal fee?<br>If "YES", attach two letters on retiring agency letterhead stating a) you have honorably retired and b) you have completed a certified law enforcement training academy (MS Code § 45-9-101(22)(b)). There is still a fee for the required background check. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

## E. RESIDENCY - List all of your residences for the past two years in reverse chronological order (most recent first).

| From            | To              | Street Address (include any Apt #)                           | City | State |
|-----------------|-----------------|--------------------------------------------------------------|------|-------|
| MO / DAY / YEAR | -Current-       | (Dates Residing At Current Residential Address Listed Above) |      |       |
| MO / DAY / YEAR | MO / DAY / YEAR |                                                              |      |       |
| MO / DAY / YEAR | MO / DAY / YEAR |                                                              |      |       |
| MO / DAY / YEAR | MO / DAY / YEAR |                                                              |      |       |

A notarized Affidavit and Release of Information form (SGP-AFF-01) as well as all required documentation must be attached or this application will be deemed incomplete and rejected.



## SECURITY GUARD PERMIT AFFIDAVIT AND RELEASE OF INFORMATION

I, \_\_\_\_\_, do swear or affirm that:  
(Print Legal Name)

Having been duly sworn, depose and say that I have read the foregoing application, and the contents thereof, and do hereby certify that my responses and information contained within this application are true and correct and they are an accurate account of the requested information. In addition, I have also read, understand, and agree to comply with the statutes contained in Mississippi Code 45-9-101, 97-37-7, and 97-3-15.

I have executed this statement voluntarily with the knowledge that any failure to provide truthful information is cause for denial of my application or revocation of a permit. Any person who knowingly submits a false answer to any question on an application for a license, or who knowingly submits a false document when applying for a license issued pursuant to Section 45-9-101, shall upon conviction, be guilty of a misdemeanor and shall be punished as provided in Section 99-19-31, Mississippi Code of 1972.

Further, having made application for a firearm permit to the Mississippi Department of Public Safety and desiring them to be informed of my past record; I the undersigned, being under no disability whatsoever, hereby authorize the Department of Public Safety access to any records concerning commitments of the applicant to any of the treatment facilities or institutions referred to in MS Code §45-9-101 (2) and permitting access to all criminal records.

I understand that the Mississippi Department of Public Safety and its representatives, and all contributing parties are indemnified in this process. I further understand that this release will only be used to obtain information for the purpose of determining my eligibility for a Mississippi Security Guard Permit.

Finally, I understand that this release shall be and remain valid from the date of execution until the expiration or revocation of any security guard permit issued to me pursuant to this application, or until my application for a security guard permit has been denied pursuant to a final judicial decision.

\_\_\_\_\_  
Signature of Applicant  
(SIGN IN PRESENCE OF NOTARY)

State of Mississippi

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_, proving to me through identification documents allowed by law to be the person signing this document in my presence (which were \_\_\_\_\_), and who being duly sworn, deposes and states that the contents of this application are truthful and accurate to the best of their knowledge and belief.

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Notary Public, State of Mississippi

My Commission Expires \_\_\_\_\_