



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

SECURITY PERSONNEL ATTESTATION FORM

ARS 4-112.G(12) : THE FORM SHALL REQUIRE THE APPLICANT OR OTHER PERSON TO DISCLOSE WHETHER IN THE PREVIOUS FIVE YEARS THE PERSON HAS BEEN A REGISTERED SEX OFFENDER OR PLED GUILTY, PLED NO CONTEST OR BEEN CONVICTED OF ANY OFFENSE THAT CONSTITUTES ASSAULT, HOMICIDE, DOMESTIC VIOLENCE, SEXUAL MISCONDUCT, MISCONDUCT INVOLVING A DEADLY WEAPON OR A DRUG VIOLATION THAT CONSTITUTES THE ILLEGAL SALE, MANUFACTURING, CULTIVATION OR TRANSPORTATION FOR SALE OF MARIJUANA, A DANGEROUS DRUG OR A NARCOTIC DRUG. A LICENSEE MAY NOT HIRE OR ASSIGN TO A ROLE AS SECURITY PERSONNEL ANY PERSON WHO FAILS TO COMPLETE THE FORM OR IF THE FORM DISCLOSES ONE OF THE LISTED OFFENSES WITHIN THE PREVIOUS FIVE YEARS. THE LICENSEE SHALL MAINTAIN ON FILE AFFIDAVITS OF ALL SECURITY PERSONNEL HIRED OR DESIGNATED BY THE LICENSEE.

In the past 5 years have you pleaded Guilty, No Contest, or have been Convicted of any the following Offenses?

Domestic Violence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Assault	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Homicide	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sexual Misconduct	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Misconduct involving a deadly weapon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Drug Violations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a registered Sex Offender?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

NOTARY

I (Print Full Name) _____ hereby declare that all statements are true and correct to the best of my knowledge.

Signature: _____ State of _____ County of _____
The foregoing instrument was acknowledged before me this

My Commission Expires on: _____ Date _____ Day _____ Month _____ Year _____

Signature of Notary