

Biloxi Police Department 170 Porter Avenue Biloxi, MS 39530 (228) 385-3033

Private Security Guard License Application Packet

Instructions:

- Complete the form for the security guard application. It must be notarized before being submitted.
- Pay a fifteen-dollar (\$15.00) application fee.
- Answer all blocks on the form.
- Submit a copy of liability insurance policy meeting the requirements of the <u>City of Biloxi's Code of Ordinances Chapter 12 Licenses and Business Regulations; Article VIII. Private Security Services and Security Guards (Sec. 12-8-9)
 </u>
- Armed security guard applicants must attach a photocopy of their Mississippi Security Guard Statewide Gun Permit. (MCA 1972, 97-37-7)
- A complete application should be submitted to the front desk at Lopez-Quave Public Safety Center, 170 Porter Ave., Biloxi, MS, 39530.

Process:

City of Biloxi Ordinance (Article VIII: Sec. 12-8-1 thru 12-8-12) requires all persons to be licensed through the Biloxi Police Department while employed as a security guard within the city limits.

Applicants will be subjected to a background investigation.

Applicants will be photographed and fingerprinted if the license is approved.

Applicants will receive a receipt upon submission of the application and application fee payment.

Biloxi Police Department Administrative Support Section will process the application. If approved, applicant will receive a letter at the address provided on the application. Instructions on how to obtain the license will be included.

Private Security Guard License Application

SECTION I.

Residence Address: (Street/City/County/State/Zip Code) Mailing Address: (Street/City/County/State/Zip Code) Sex Race Date of Birth Place of Birth Social Security Number		
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Height Weight Hair Color Eye Color Telephone Number: (Inclu		
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SECTION II.	<u> </u>	
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Prior Residences (List all residences within the last 90 days) (Street/City/County/State/Zip Code	;)	
1.		
2.		
3.	5	
Employment: (List in order, beginning with the present, each place of employment for the past 5 From: To: Name of Employer: Address: Pho	one Number:	
Trem. To. Name of Employor. Address.	3110 140111001.	
Criminal Record: (List all final convictions of any crime including DUIs, except minor traffic offer	nses within	
the past 5 years)		
Nature of Crime: Date of Conviction: Jurisdiction of C	Date of Conviction: Jurisdiction of Conviction:	
References: (list 3 references, other than family member) Name: Address: Phone Number: Rel	lationship:	
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Private Security Guard License Application

SECTION III.

Full name and address and phone number of the Pri	vate Security Service you are employed by:
Do you carry a weapon on the job?	
YES NO)
If YES, you must attach a copy of your Mississipp	pi Security Guard Statewide Gun Permit. Your
application will be rejected without it.	
SECTION IV. AFFADAVIT	
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This application and REQUIRED supporting docu	uments are executed under oath. Falsification or
	subjects the applicant to criminal prosecution under
Mississippi Statutes of Biloxi Ordinances and/or	
STATE OF MISSISSIPPI	
COUNTY OF	
· · · · · · · · · · · · · · · · · · ·	, who being duly sworn,
all supporting documents is true and correct to t	T the information contained in this application and
all supporting documents is true and correct to the	ne best of my knowledge.
	Signature of Applicant
Sworn to and subscribed before me this	, day of
My COMMISSION EXPIRES:	Notary Public, State of Mississippi
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