UNARMED ARMORED CAR SERVICE
REGISTRATION/RENEWAL APPLICATION
NORTH CAROLINA PRIVATE PROTECTIVE SERVICES BOARD

4901 Glenwood Avenue, Suite 200, Raleigh, NC 27612 (919) 788-5320

Please Print or Type in Blue or Black Ink

Office Use Only

Entered Data _____

Entered Fees _____

Approved _____

Denied _____

ID# _____

New File ☐

Photo Emailed ☐

Check One:

☐ New ($30.00) ☐ Transfer ($15.00) ☐ Duplicate ($25.00)

☐ Renewal ($30.00) (Prior to expiration) ☐ Renewal ($55.00) (Late - within 90 days after expiration)

SS#: _____ DOB: _____ POB: _____

Full Legal Name (full name required): _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Race: _____ Sex: _____

Operator's License **#:** _____ State**:** _____

Check One: ☐ U.S. Citizen ☐ Resident Alien

If registering NEW, list addresses of residence for the past four years. One year if Renewing. Continue on additional sheet if necessary.

Mo/Yr	to	Mo/Yr	Street Address	City	County	State	ZIP Code
_____	to	Present	_____	_____	_____	_____	_____
_____	to	_____	_____	_____	_____	_____	_____
_____	to	_____	_____	_____	_____	_____	_____
_____	to	_____	_____	_____	_____	_____	_____

Company Name: _____ BPN: _____

Is this a different BPN Number (with Same Company) for this employee since their last registration? Yes ☐ No ☐

Mailing Address: _____ _____ _____ _____

Address or PO Box City State ZIP Code

Company Phone Number**:** _____ Position**:** _____ Supervisor**:** _____

Date began probationary employment, if applicable, as an unarmed armored car service guard in North Carolina with current company (Note: Probationary employment may not exceed 20 consecutive days in a calendar year: _____

Date began regular employment as an unarmed armored car service guard in North Carolina with current company (Note: Employees engaging in PPS regulated activities must be registered within 30 days of regular employment date): _____

Has the employee ever been registered with any company in North Carolina? ☐ Yes ☐ No

If yes, with what company? _____

READ AND ANSWER THE FOLLOWING QUESTIONS CAREFULLY: FALSIFICATION OF ANY ANSWERS COULD RESULT IN DENIAL OF REGISTRATION

1. Have you ever pled guilty or been convicted of any crime **(Felony or Misdemeanor)**? ☐ Yes ☐ No
2. Have you ever pled guilty or been convicted of a traffic related offense? ☐ Yes ☐ No

IF ANY OF THE ABOVE ARE "YES" PLEASE EXPLAIN ON BACK OF APPLICATION OR ATTACH AN EXPLANATION: (REQUIRED)

Pursuant to N.C.G.S. 74C-11, 12 NCAC 7D.1401 AND 12 NCAC 7D.1406, the following are required when making application for an unarmed registration:

1. One (1) set of classifiable fingerprints on an FBI applicant fingerprint card. (New only along with the fingerprint release of information form found on our web site).
2. One (1) recent color head and shoulders JPEG digital photograph on CD, floppy disk, or emailed to: PPSASL-Photos@ncdoj.gov (Polaroids and other similar types of photos are not acceptable). Photo must have been taken within the past five (5) years. Check here if an updated .jpg has been e-mailed for this application to change current picture on file. ☐ Yes
3. Statements of the result of a local criminal records search by the Clerk of Superior Court or appropriate governmental authority in each county where the applicant has resided within the immediate preceding 48 months (12 months for renewals). Final dispositions must be included. Criminal record checks will not be accepted if over 60 days old upon receipt in this office. Internet criminal records checks are acceptable for in-state residents if obtained from an authorized NC Administrative Office of the Courts Public Access User.(Full legal name search required)
4. Certificate(s) signed by Board certified trainer(s) verifying completion of unarmed training as per 12 NCAC 7D .1407.
5. The required non-refundable registration fee (and $38.00 fingerprint fee for New). All payments must be made by check or money order to Private Protective Services Board. Personal checks are not acceptable from registrants. Check# _____ ***IMPORTANT NOTE CONCERNING FEES/CHECKS: Pursuant to G.S. 25-3-506, a $25.00 processing fee will be charged for checks submitted to the PPS Board on which payment has been refused due to insufficient funds or the bank account has been closed.***

The employer shall give the employee a copy of this application to serve as a temporary registration during the first thirty (30) days of employment pending receipt of the registration card pursuant to 74C-11(a) & 12 NCAC .071 (d). **ALL SIGNATURES REQUIRED BELOW MUST BE ORIGINAL**

I HEREBY CERTIFY THAT ALL ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant: _____ Date: _____

Signature of Licensee or Designee: _____ Date: _____

Print Licensee or Designee Name: _____ License Number: _____

The Social Security Number is used to make positive identification of applicants and/or registered employees. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you. Revised 05/2014

Submit Original to PPS / Maintain Copy for Company File / Provide Copy to Applicant