Texas Department of Public Safety
Private Security Bureau
PO Box 15999, Austin, Texas 78761-5999
www.txdps.state.tx.us

APPLICATION FOR PERSONAL PROTECTION OFFICER (BODY GUARD) AUTHORIZATION

- I am at least 21 years of age.
- I am not addicted to drugs or alcohol, have never been arrested, charged, indicted, entered into a pre-trial diversion agreement, placed on deferred adjudication, placed on probation or convicted of any Class A misdemeanor or felony, or Class B misdemeanor within the last (5) five years.
- I am mentally competent, and, if in the military, I was discharged under honorable conditions.
- I will not carry a concealed firearm unless I apply for and receive a personal protection officer authorization from the Private Security Bureau.

Please complete and submit the following items:

1. **$50.00** Application Fee + **$5.00** Subscription Fee= **$55.00**
2. Level Four Personal Protection Officer Certificate of Completion
3. Completed Declaration of Psychological and Emotional Health
4. Current handgun proficiency certificate (within last 90 days)

Qualifications:

1. Employed by a licensed guard or investigations company
2. Completed PSB Levels 2, 3 and 4 training courses
3. Currently have, or are applying for a security officer commission

Note: Fee(s) submitted by mail, must also have a PSB-50 form attached.

Fees submitted to the Private Security Bureau are not refundable or transferable.

Employment Hours: **( ) Full Time** **( ) Part Time**

PLEASE TYPE OR PRINT CLEARLY

Company Name: _____ **Company License Number:** _____

Company Address: _____ **Company Phone:** _____
Number & Street City State Zip area code + number

Social Security Number: _____ **TX Driver License or TX ID:** _____

Name: _____
Last First MI

Home Address: _____ **Home Phone:** _____
Number & Street City State Zip area code + number

Date of Birth: _____ **Place of Birth:** _____
City/State or Country

Sex (circle one): 1. Male 2. Female **Height/Weight:** Feet: _____ Inches: _____ Pounds: _____

Eyes (circle one): 1. Blue 2. Brown 3. Gray 4. Hazel 5. Green 6. Black

Hair (circle one): 1. Black 2. Red 3. Gray 4. Brown 5. Blonde 6. Bald

Race (circle one): 1. White 2. Black 3. Spanish 4. Amer. Indian 5. Asian 6. Other_____

List any alias you have used: _____

Applicant's Signature:_____ **Date:**_____

This section must be completed by the Qualified Manager or Owner

I hereby verify that the above applicant began employment in a position that requires registration with my company on:

_____
Applicant's Date of Employment

I am requesting that the above applicant be issued a personal protection authorization with my company as my employee.

Qualified Manager or Owner Signature: _____ **Date:** _____

NOTICE: THIS IS A GOVERNMENTAL RECORD.
ANY FALSE ENTRY MADE ON THIS DOCUMENT COULD BE CONSIDERED A CRIMINAL VIOLATION.