



**NMRLD**

NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT

**Private Investigations Advisory Board**  
**RENEWAL APPLICATION**  
**FOR SECURITY GUARD LICENSES**

**Licensee Information**

Individual License Type (select one)

Security Guard – Level 1

Security Guard – Level 2

Security Guard – Level 3

License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

name change requires official documentation, such as a marriage certificate, be submitted with this application

Primary Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Primary Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

this is an official address where license and legal mail is sent and licensee must check and keep current

**Renewal Application Details** (select one)

The Department is transitioning to 3-year license terms. Renewals through 2023 are staggered by even and odd license numbers for 2 and 3 year terms, until January 1, 2024 when all renewals will be for 3-year terms

**Renewal**

Level 1 & 2 Fee = \$50.00 for even license numbers (2 year term)  
\$75.00 for odd license numbers (3 year term)

Level 3 Fee = \$100.00 for even license numbers (2 year term)  
\$150.00 for odd license numbers (3 year term)

**Late Renewal**

Fee = Renewal Fee Above Plus \$100.00 Late Fee  
required if submitted or postmarked after expiration date

Have you worked in the regulated industry while this license was expired, also referred to as unlicensed practice?

No            Yes

Licenses not renewed by expiration date will expire and the individual cannot practice the profession. For up to thirty (30) days after expiration, a license may be reinstated by submitting a renewal application with payment of a late fee. Unless a license is placed on inactive status, a license expired for more than thirty (30) days may not be renewed or reinstated. Practicing without an active license is a violation of New Mexico law and subject to disciplinary action and fine of up to \$1,000 for each occurrence.

## Employment Information

Employer Business Name \_\_\_\_\_

Business Physical New Mexico Address \_\_\_\_\_

Business City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

## Renewal Questions

1. Since your last renewal, do you understand and have you complied with all continuing education requirements to renew your license, including completion of 2 hours of continuing education credit per year?

No                  Yes

*proof of completion of continuing education (e.g. certificate of completion or other formal documentation) must be submitted with this renewal application (continuing education requirements are waived for the first renewal)*

2. Since your last renewal, has any license you hold in this profession been denied, suspended, revoked, or otherwise disciplined by a licensing board in any state or jurisdiction?

No                  Yes

*if yes, submit an explanation in writing with a copy of any disciplinary documents, such as a final decision and order or settlement agreement*

3. Since your last renewal, have you been convicted of a felony that may be considered potentially disqualifying to obtain or hold a license with the Department? A list of potentially disqualifying convictions may be found in Board Rule 16.48.9.14 NMAC.

No                  Yes

*if yes, submit an explanation in writing with a copy of any final judgment, settlement, plea, or other document with sufficient details of the criminal conviction. A disqualifying criminal conviction will not prevent the renewal of a license but may be reviewed separately by the Board and Department to determine if additional investigation or action is necessary.*

4. It is required to provide a passport type photograph with your renewal (headshot facing forward with no sunglasses or headwear). Have you included this photograph with your renewal application or emailed a copy to Department staff at pipolygraphbd@state.nm.us?

No                  Yes



5. [FOR LEVEL 3 ONLY] It is required for a Level 3 Security Guard to complete a background check and submit a DPS Authorization for Release of Information directly to the New Mexico Department of Public Safety (form included below) prior to submitting the renewal application. Have you completed this form and mailed it with requirement payment to the Department of Public Safety prior to submitting this application?

No            Yes            Not Applicable

*if no, your application is considered incomplete and will not be processed – do not submit your application before completing this requirement if renewing a Level 3 Security Guard license*

6. [FOR LEVEL 3 ONLY] It is required for a Level 3 Security Guard to complete a firearms qualification every renewal cycle and submit the required documentation on a firearm certification form completed by a Level 3 Instructor approved by the Department (the required form is provided to all Level 3 Instructors). Have you completed this requirement and included a copy of the firearm certification form with this application?

No            Yes            Not Applicable

*if no, your application is considered incomplete and will not be processed – do not submit your application before completing this requirement if renewing a Level 3 Security Guard license*

Please ensure to include copies of any written explanation or additional documents required related to the questions above with your renewal application submitted to the Department.

### Attestation

Under penalty of perjury, I declare and affirm that the statements made, and information provided in the foregoing application, including documentation, are true, complete, and correct. I understand that any false or misleading information in connection with my renewal application may be cause for discipline, up to and including loss of licensure.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Submission of Renewal Application**

Mail the signed and complete renewal application, payment, and any other required documents to the Department at

Boards and Commissions Division  
c/o Private Investigations Advisory Board  
P.O. Box 25101  
Santa Fe, NM 87504

Payment can be made by check, money order, or cashier check and made payable to

Private Investigations Advisory Board

Questions regarding the application may be directed to Department staff at

pipolygraphbd@state.nm.us  
505-476-4650

**[LEVEL 3 GUARDS ONLY]**

1. Complete the “Release of Information” form (next page), sign, and return to the Department with the rest of this application
2. Complete the DPS “Authorization For Release of Information” form (after the next page) and send directly to DPS at the address below prior to or the same time as submitting this renewal application.
  - Mail to: Department of Public Safety, P.O. Box 1628, Santa Fe, NM 87504-1628\
  - Notarize: do not sign until with a notary public
  - Payment: include a \$15.00 check or money order payable to the “Department of Public Safety” with form mailed to DPS
  - The Department of Public Safety will send the results directly to the Regulation and Licensing Department, which may take several weeks to process but will not delay a renewal

***DEPARTMENT USE ONLY***

Check or Money Order # \_\_\_\_\_

Receipt # \_\_\_\_\_

Processed By \_\_\_\_\_

Processed Date \_\_\_\_\_



**RELEASE OF INFORMATION**

Complete and submit this form only for Level 3 Security Guard renewals as required to complete a background review

Print or Type Clearly

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth \_\_\_\_\_

Currently residing at \_\_\_\_\_, \_\_\_\_\_  
Street Address City  
\_\_\_\_\_  
State Zip Code

Having made application with the Regulation and Licensing Department for licensure by the Private Investigations Advisory Board under the Private Investigations Act, Chapter 61, Article 27B NMSA 1978, and Rules, Title 16, Chapter 48 NMAC, understand that a comprehensive investigation of my background may be conducted in connection with this application.

I do hereby give the officials of the Regulation and Licensing Department the authority to conduct any such investigation. I do hereby authorize the release of any and all information that pertains to my work history, any criminal history background information, and/or any other information on general qualifications for fitness to practice as a licensee as requested by this state agency.

I have read, understand, and shall retain a copy of this document for my records.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Mail to: DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628  
ATTN: RECORDS**

**Include Payment: \$15.00 PER RECORD CHECK**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_  
NAME (MUST BE PRINTED-LEGIBLY) (SSN #) (DOB)

**PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO  
ARREST RECORD INFORMATION ACT, HEREBY APPOINT:**

**New Mexico Private Investigations Advisory Board  
P.O. Box 25101, Santa Fe, New Mexico 87504**

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR  
OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED  
ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY,  
INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS  
AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE  
SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE  
DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR  
REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE  
OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY  
HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY  
NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS  
"AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN  
FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING,  
NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE  
SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR  
REPRESENTATIVES OF ANY NATURE.

**APPLICANT SIGNATURE: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**(\*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT  
(GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)**

**SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.**

**(SEAL) \_\_\_\_\_  
(NOTARY PUBLIC)**

**MY COMMISSION EXPIRES: \_\_\_\_\_.**

**For Department Use Only**