



OHIO DEPARTMENT OF PUBLIC SAFETY
PRIVATE INVESTIGATOR SECURITY GUARD SERVICES

1970 West Broad Street
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Columbus, OH 43218-2001
PHONE (614) 466-4130 FAX (614) 466-0342
www.pisgs.ohio.gov

PISGS

EMPLOYEE FIREARM-BEARER NOTATION APPLICATION

Use this form to file new and current employees for firearm-bearer (FAB) notation and FAB requalification.

- This form is interactive: you may type your responses directly onto the form before printing. Otherwise, this form must be typewritten or printed legibly in black ink.
- Fill out all applicable sections of this application. Incomplete applications and applications that are filled out improperly will NOT be returned for correction. Include a copy of your most recent OPOTC certification: your application cannot be completed until it has been received.
- A check or money order, made payable to **Ohio Treasurer of State**, MUST be remitted with this application. **Cash is not accepted.**
- This form **MUST** be used in conjunction with the registration application, if you are applying for initial registration and firearm bearer notation at the same time.

PURPOSE OF APPLICATION (CHECK ONE)				WEAPON TYPE	
<input checked="" type="checkbox"/> \$15.00 Initial Application (Must be received with PSU 0015 or PSU 0017)				<input type="checkbox"/> Revolver	
<input type="checkbox"/> \$15.00 Requalification/Initial FAB on approved registration				<input checked="" type="checkbox"/> Semi-Automatic	
				<input type="checkbox"/> Shotgun	
LICENSEE INFORMATION					
COMPANY NAME 1st Security Services of Ohio			LICENSEE FILE NUMBER 201121001938		
DOING BUSINESS AS (DBA) NAME Same					
PHYSICAL ADDRESS 7405 Amber Lane		CITY Brecksville		STATE OH	ZIP CODE 44141
DAYTIME PHONE NUMBER (330) 696 - 1187	FAX NUMBER () -		E-MAIL ADDRESS cmccausland@1stssso.com		
EMPLOYEE INFORMATION					
FIRST NAME	MI	LAST NAME		SUFFIX	SOCIAL SECURITY NUMBER
HOME ADDRESS (NO P.O. BOXES)				HOME PHONE NUMBER () -	
CITY		STATE	ZIP CODE	COUNTY	
HEIGHT	WEIGHT LBS.		HAIR COLOR		EYE COLOR
SCARS AND MARKS					
DATE FINGERPRINTS SUBMITTED			AUTHENTICATION NUMBER		
CERTIFICATION					
<input type="checkbox"/> I have <input type="checkbox"/> I have not been convicted of a felony within the past 20 years.					
<input type="checkbox"/> I have <input type="checkbox"/> I have not been convicted of a misdemeanor(s) in the past 20 years.					

I affirm that the information within and attached hereto this application is complete and accurate.

I authorize PISGS to enroll me in the retained applicant fingerprint database (rapback). I understand that my criminal history will be continually monitored, and any new arrest will be reviewed by PISGS.

PRINTED NAME OF EMPLOYEE	SIGNATURE OF EMPLOYEE	DATE
	X	

I have read the information provided by the applicant and have no reason to believe that it is false or misleading.

PRINTED NAME OF QUALIFYING AGENT Christopher McCausland	SIGNATURE OF QUALIFYING AGENT	DATE
	X	