



LETTER OF FIREARM ENDORSEMENT REQUEST

**CITY AND COUNTY OF DENVER
SECURITY GUARD APPLICATION**

REVISED 04/10/19

This letter pertains to the following Private Security Employer and Security Guard Applicant.

Print Private Security Employer Company Name Legibly

Print Security Guard Applicant Name Legibly

FIREARM ENDORSEMENT - IMPORTANT INFORMATION

- A security guard’s firearm license endorsement is effective only for the term of the security guard license.
- If the security guard wishes to obtain a plainclothes license endorsement in addition to a firearm license endorsement, he/she will need to provide a valid copy of his/her concealed handgun permit issued by any sheriff or chief of police pursuant to State law. It is unlawful for a security guard to work in plainclothes and open-carry a firearm while providing security services.
- A security guard who has obtained a firearm license endorsement cannot carry more than two (2) authorized firearms at all times when he/she is performing security services.

EXPLANATION OF NEED FOR ENDORSEMENT

The Applicant will not carry a firearm which working as a security guard without first receiving an endorsement from the Department authorizing him/her to do so. Please provide the following information to support this request.

An explanation for the necessity of an firearm license endorsement for the Security Guard:

[Empty box for explanation of need for endorsement]

EMPLOYER STATEMENT OF ENDORSEMENT REQUEST

As an authorized representative of the above identified Private Security Employer, I attest that the Private Security Employer has not found or is aware of any mental, physical or emotional condition that would disqualify the Applicant, identified above, from possessing a firearm while performing in their role as a licensed Security Guard. With respect to this determination, the Private Security Employer releases the City and County of Denver from any liability related to our request to arm the employee.

I, _____, a duly authorized representative of _____,
Employer Representative Name *Private Security Employer*

understand and acknowledge the obligations of and indicates agreement thereto by signing below.

Employer Business File No.

Employer Representative Title

Authorized Employer Representative's Signature



Date

Applicant's Signature