



**NORTH CAROLINA  
PRIVATE PROTECTIVE SERVICES BOARD**

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**UNARMED ARMORED CAR SERVICE GUARD TRAINING CERTIFICATE**

**THIS CERTIFIES THAT**

Full Name of Student for Application of Unarmed Armored Car Service Guard Registration

Has successfully completed Basic Unarmed Armored Car Service Guard Training Course consisting of a minimum of sixteen (16) hours of classroom training, pursuant to the provisions of N.C.G.S. 74C and 14B NCAC 16 .1407 within 30 days from the date of permanent hire.

The first four hours of classroom instruction shall be completed within 20 calendar days of a regular or a probationary security guard being placed on a duty station. These four hours shall include *The Security Officer in North Carolina and Legal Issues for Security Officers*.

The Security Officer in N.C. (1 Hour); Legal Issues for Security Officers (3 Hours):

\_\_\_\_\_ date training completed

\_\_\_\_\_ printed name of trainer

The below additional (12) hours of classroom instruction shall complete the basic training course for unarmed armored car service guard, and it must be done within 30 days of hire. The entire course shall consist of a minimum of 16 hours of classroom instruction.

Emergency Situations (3 Hours); Safe Driver Training (3 Hours); Armored Security Operations (5 Hours); Department (1 Hour):

\_\_\_\_\_ date training completed

\_\_\_\_\_ printed name of trainer(s)

LOCATION OF CLASSROOM TRAINING \_\_\_\_\_

*The above information is true, accurate, and complete to the best of my knowledge.*

\_\_\_\_\_ print trainer's name

\_\_\_\_\_ trainer's signature

\_\_\_\_\_ trainer's certification number

\_\_\_\_\_ additional trainer's name

\_\_\_\_\_ trainer's signature

\_\_\_\_\_ trainer's certification number

\_\_\_\_\_ additional trainer's name

\_\_\_\_\_ trainer's signature

\_\_\_\_\_ trainer's certification number

***\*All trainers who taught any of the above blocks of instruction must complete that portion of the form and sign in the appropriate place. All trainers must be Private Protective Services certified trainers.***

***Form distribution shall be as follows: ORIGINAL FORM - Sent to PPS with registration form, COPY - company or agency registering employee, COPY - above name applicant, COPY - above named trainer(s).***