

# PS-1 Application Applicant Name :

Department of Public Safety Standards and Training, Private Security & Investigator Program  
4190 Aumsville Hwy SE, Salem, OR 97317 Ph #. (503) 378-8531 FAX (503) 378-4600 [www.dpsst.state.or.us](http://www.dpsst.state.or.us)

**PRIVATE SECURITY PROFESSIONAL\*** - Must be at least 18 years of age for unarmed or alarm monitor. Must be at least 21 years of age for armed.

Criminal History Fingerprint Fee - \$50.00, Certification (2 yr.) fee - \$50.00 = \$100.00

UNARMED  \$100

UNARMED/ARMED  \$100

ALARM  \$100

**SUPERVISORY MANAGER** – Has a primary responsibility of supervising certified officers.  \$100

Criminal History Fingerprint Fee - \$50.00, License (2 yr.) fee - \$50.00 = \$100.00

**CERTIFIED PRIVATE SECURITY INSTRUCTORS** - \*\*  \$130

Criminal History Fingerprint Fee - \$50.00, Certification (2 yr.) fee - \$80.00 = \$130.00

\*\* **SPECIFIC TRAINING IS REQUIRED FOR INSTRUCTORS** – see below

**EXECUTIVE MANAGER**  \$300

Criminal History Fingerprint Fee - \$50.00, License (2 yr.) fee- \$250.00 = \$300.00

**Training included for certification of** UNARMED

UNARMED/ARMED

ALARM

\*If you are applying for a manager and professional license at the same time, you will only need to pay the fee for the manager license. Please check appropriate boxes.

**When applying for more than one type of certificate/license only submit one fingerprint fee.**

### **\*\*Additional Requirements for All Private Security Instructors Applicants**

All private security instructors please submit a resume with your application materials. Your resume must clearly show your education, work experience, and qualifications.

If applying for a private security firearms instructor certification, as a prerequisite, you must hold and provide proof of current certification from the NRA (Law Enforcement Instructor Development School), FBI (firearms instructor), FLETC (firearms instructor), Washington State Criminal Justice Fire Arms Instructor Course or DPSST (certified firearms instructor course).

### **HELPFUL TIPS**

The application must be completely filled out, remember to read each section carefully. Do not leave any blank spaces. If a question or statement does not pertain to you, fill in the blank space provided with an N/A for “not applicable”. If you have questions about the certification process please visit our website [www.dpsst.state.or.us](http://www.dpsst.state.or.us) for general information. If you have questions regarding the OAR or the ORS listed in your application, you may review your manual or view online. For ORS <http://www.leg.state.or.us/ors/> and for OAR <http://arcweb.sos.state.or.us/banners/rules.htm> click on ‘numeric by chapter’. You will find our rules under Chapter 259, Division 60.





## SECTION 5 – AFFIRMATION OF CRIMINAL HISTORY

### READ CAREFULLY

The application fee will not be refunded if your certification or licensure is denied, revoked, or suspended. Equivalent convictions from jurisdictions other than Oregon will carry the same period of disqualification. Carefully read the statements below. Providing inaccurate information may result in the assessment of a penalty. It is your responsibility to read each statement thoroughly and review the list of disqualifying events in Oregon Administrative Rules (OAR) to determine eligibility. The link to the OAR is available on our website at: [www.oregon.gov/dpsst/ps](http://www.oregon.gov/dpsst/ps). When using the OAR link, scroll down to Division 60 - Private Security Service Providers Rules and click on the blue link to view, scroll down to OAR 259-060-0020. If you do not have access to the Internet, please let us know and we will mail you a copy.

You, the applicant, are responsible for what information you disclose in this section. It is not the responsibility of your instructor/employer to inform you what is acceptable information to disclose. **If you are unable to truthfully sign one of the statements 1 thru 4, because it is not true, you are not eligible for certification/licensure.**

- 1) I, (name) \_\_\_\_\_, swear and/or affirm that **I have never in my lifetime** been convicted of a Person Felony in this state or any other jurisdiction.
- 2) I, (name) \_\_\_\_\_, swear and/or affirm that within the 10 year period prior to applying for certification/licensure **I have not been:**
  - A) Incarcerated, placed on probation or paroled as the result of a conviction of any felony;
  - B) Convicted of any sex crimes as listed in OAR 259-060-0020(4)(b)(B) or an equivalent crime with similar elements in another jurisdiction;
  - C) Convicted of any person misdemeanors as listed in OAR 259-060-0020(4)(b)(C) or an equivalent crime with similar elements in another jurisdiction;
  - D) Convicted of any of the listed misdemeanors in OAR 259-060-0020(4)(b)(D) or an equivalent crime with similar elements in another jurisdiction;
  - E) Convicted of a misdemeanor with elements of domestic violence as defined in OAR 259-060-0020(4)(c);
  - F) Convicted of a misdemeanor or felony involving unlawful use, possession, delivery or manufacturing of a controlled substance, or a misdemeanor or felony of similar elements, in this or any jurisdiction.
- 3) I, (name) \_\_\_\_\_, swear and/or affirm that within the 7 years period prior to applying for certification/licensure **I have not been** convicted of any of the listed crimes in OAR 259-060-0020(4)(e).
- 4) I, (name) \_\_\_\_\_, swear and/or affirm that **I am not** registered or required to register as a sex offender under 181.595, 181.596 or 181.597.

### **ARMED APPLICANTS – additional questions**

- 1) I, (name) \_\_\_\_\_, swear and/or affirm **I have never been** committed to the Mental Health and Developmental Disability Services Division under ORS 426.130, or the equivalent, in this or any other state.
- 2) I, (name) \_\_\_\_\_, **have had** my right to purchase or possess a firearm revoked/prohibited. Date \_\_\_\_\_ State \_\_\_\_\_. Reason \_\_\_\_\_

**CERTIFICATION OF ACCURACY, NOTICE TO APPLICANT AND  
AUTHORITY TO RELEASE INFORMATION**

**PLEASE READ INITIAL AND SIGN EACH PARAGRAPH BELOW. (Final signature must be witnessed by a Notary Public.)**

**Oregon Revised Statute 181.991 & 703.993** states: A person commits a Class A Misdemeanor if the person knowingly falsifies information pertinent to an application for a license or certificate.

I hereby authorize any person or organization to provide any information about me to the Department of Public Safety Standards and Training, including criminal history information or any other information about me related to my character or fitness for licensing or certification under ORS 181.870-181.991 or ORS 703.401-703.490. I further authorize DPSST, or an authorized representative of the Board, to release to any law enforcement agency or employer or prospective employer any information held by DPSST concerning my application. I understand that the Department may also be required to release information from my file to other persons, pursuant to Oregon public records law. **Initial** \_\_\_\_\_

I understand and agree that DPSST is required to deny, revoke or suspend certification/licensure if I have been convicted of a disqualifying crime. I understand that falsifying my application or a finding, by the Department, that information provided on the forms submitted in application, or that is contrary to my sworn oath are grounds for denial, revocation or suspension of my certification/licensure, and may subject me to civil penalty and/or prosecution. This includes if my criminal history check shows information contrary to that disclosed, or subsequent criminal, unethical or immoral activity. **Initial** \_\_\_\_\_

I release the Department of Public Safety Standards and Training and its agents from any and all liability and responsibility, damages, and claims of any kind whatsoever arising from actions taken in fulfilling the departments' statutory obligations. **Initial** \_\_\_\_\_

I hereby declare under oath and under penalty of perjury that all information contained in this application is true and correct. I have read each of the paragraphs written above as indicated by my initials. I understand and agree to the terms and conditions as described.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

STATE OF OREGON, County of \_\_\_\_\_) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, \_\_\_\_\_

Personally appeared before me and signed the Certification of Accuracy in my presence, and I verified the applicant's identity by viewing photo identification.

\_\_\_\_\_  
Signature of Notary Public