



Credit Card Payment Authorization Form

DPSST 4190 Aumsville Hwy SE, Salem, OR 97317 Phone (503) 378-8531

****Fax to (503) 373-1449****

DPSST accepts credit and debit cards with the Visa or MasterCard Logo. Credit card transactions may be authorized via this form. To submit payment using a debit card you must appear at the Public Safety Academy to authorize your transaction in person. **DPSST does *not* keep credit card information on file. For each new authorized payment you must resubmit the form.**

Directions:

Please fill out each section below, attach additional sheets as needed. The total box should reflect the entire amount authorized for all sheets included. For those persons submitting application for certification or licensure please mail the completed form back to DPSST with your application materials. If you have questions regarding the amount owed please refer to our website at www.oregon.gov/dpsst or call us at 503-378-8531.

| Payment authorized for... | Status: Please be specific - New Unarmed Applicant - Stipulation payment - Public Records Request | PSID # or invoice # | Amount |
|---|--|---------------------|--------------|
| <i>John Doe</i> | <i>Supervisory Renewal,</i> | <i>99999</i> | <i>\$75</i> |
| <i>John Doe</i> | <i>late fee</i> | <i>99999</i> | <i>\$25</i> |
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| Pursuant to OAR 259-060-0500 payments to the Department are non-refundable. | | | TOTAL |

Payment of the required fee(s) ensures the processing of the application, background check, stipulation, civil penalty and/or public records request. Final issuance of a requested certification or license depends on whether or not the applicant successfully completes and/or meets the required standards of each certification/license.

** DPSST has added this dedicated fax number for the sole purpose of accepting the credit card payment form. Please do not send your credit card information to DPSST via any of our other fax numbers.

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| | | | |
|--|--|---|-------------------|
| Credit Card type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> | | Pursuant to OAR 259-060-0500 payments to the Department are non-refundable. | |
| Name as it appears on card | | Mr. ____ Ms. ____ | Jr. ____ Sr. ____ |
| Billing Address: | | Corporate Account Customer Code: | |
| | | City ,State, Zip: | |
| Mailing (Shipping)Address: | | City, State, Zip: | |
| Email Address (for transaction receipt) | | Verify Email Address: | |
| Phone Number () - | | Fax Number () - | |
| Print authorized signers name | | Signature of authorized signer | |
| For office use only | | | |
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| | |
|---------------------|------------------------|
| Credit Card Number: | Expiration date: MM/YY |
|---------------------|------------------------|

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