

TEMPORARY WORK PERMIT (120-day)

NOT VALID FOR ARMED SECURITY APPLICANTS

PS-20



Department of Public Safety Standards and Training, Private Security/Investigator Certification Program
4190 Aumsville Hwy SE Salem, OR 97317 Ph # (503) 378-8531 Fax # (503) 378-4600

APPLICANT PORTION:

To qualify for this Temporary Permit applicants for certification or licensure must complete the required application, training and pay the required fees prior to providing services. This permit is only valid for 120 days from the date signed. It is not transferable and no time extensions are allowed.

Permit/License Holders:

1. I must carry this form with me at all times while performing security;
2. I must display this temporary permit to anyone, upon reasonable request.

I understand and agree that a temporary work permit is granted as a privilege. I understand and agree that the Department, in the interest of protecting public safety, has absolute discretion to suspend or revoke the Temporary Work Permit with written notice.

I understand the TEMPORARY WORK PERMIT IS VALID FOR ONLY 120 DAYS, and shall end upon expiration, certification/licensure or notice to the applicant that DPSST has administratively terminated, revoked or suspended my application, under OAR 259-060-0030(1)(g) and 259-060-0300.

_____ X _____
PRINT Legal Full Name **Signature** **** DATE SIGNED ****

CHECK ONE OF THE FOLLOWING:

- Unarmed Private Security Professional Private Security Alarm Monitor
 Executive or Supervisory Manager

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DATE ISSUED _____
Please complete issued date

DATE EXPIRES _____
Add 120 days to the issuance date

Permit not valid after expiration date; provider cannot work without certification.

EMPLOYER/MANAGER PORTION

Review applicant's affirmation of moral fitness, for disqualifying misconduct before issuing this temporary work permit.

STATE OF _____, County of _____) ss.

I SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, that:

1. I have confirmed the applicant has completed all of the forms in their entirety; and
2. The original or copy of this permit will be attached to the application; and
3. Application packet and fees will be mailed on or before the first day the applicant will perform security services under OAR 259-060-0025(3)(a).

X _____ X _____
PRINT NAME **PSID #** **Signature** **** DATE SIGNED ****

Name of Company _____ **Company PS ID #** _____