

# PS-21



## APPLICATION FOR RENEWAL OF PRIVATE SECURITY CERTIFICATION/LICENSURE

Department of Public Safety Standards and Training, Private Security Section  
4190 Aumsville Hwy SE Salem, OR 97317 Ph. (503) 378-8531 Fax (503) 378-4600

NAME \_\_\_\_\_ DOB \_\_\_\_\_ PS ID NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ E Mail \_\_\_\_\_

_____ Unarmed Officer	\$65	_____ Executive Manager	\$250
_____ Unarmed Instructor	\$90	_____ Supervisory Manager	\$75
_____ Armed Officer	\$65	_____ Alarm Monitor	\$65
_____ Armed Instructor	\$90	_____ Alarm Monitor Instructor	\$90
_____ Late Fee	\$25	*If your current certification will have expired prior to the processing and receiving of your new card you are subject to must pay the late fee. Pursuant to OAR 259-060-0500(7)	

Carefully read statements 1 through 6 below. Choose which statements apply to you by signing your name in the blank space provided. If a statement does not apply, fill in the blank space with an N/A for "not applicable". If statements 2, 3 or 6 apply to you, also provide the additional information requested.

- 1) I (name) \_\_\_\_\_, swear and/or affirm, since my last valid application with DPSST, I have not been convicted of any crime in this state or any other jurisdiction.
- 2) I (name) \_\_\_\_\_, swear and/or affirm, since my last valid application with DPSST, the crimes listed below are a full disclosure of any convictions that occurred since my last valid application. (If available attach copies of police reports and court documents, use additional pages if necessary.)  
Charge \_\_\_\_\_ Court \_\_\_\_\_  
Date \_\_\_\_\_ State/Country \_\_\_\_\_
- 3) If you have any pending criminal charges at this time, please provide the relevant information below.  
Charge \_\_\_\_\_ Court \_\_\_\_\_  
Date \_\_\_\_\_ State/Country \_\_\_\_\_

If applying for renewal of armed security officer or armed instructor, answer the questions below.

- 4) I, (name) \_\_\_\_\_, completed the mandatory Annual Firearms Marksmanship Requalification. Pursuant to OAR 259-060-0085.
- 5) I, (name) \_\_\_\_\_, swear and/or affirm I have never been committed to the Mental Health and Developmental Disability Services Division, or the equivalent, in this or any other state.
- 6) I, (name) \_\_\_\_\_, have had my right to purchase or possess a firearm revoked/prohibited. Date \_\_\_\_\_ State \_\_\_\_\_

**This a two sided document**

**Read, Initial, and Sign the following sworn oath**

I hereby declare under oath and penalty of perjury that, to the best of my knowledge, all information contained in this application is true and correct. I understand that any misrepresentation is sufficient cause for denial or revocation of a license or certificate. **Initial** \_\_\_\_\_

I authorize DPSST to release to any law enforcement agency, employer or prospective employer any information held by DPSST concerning my application. I understand that DPSST may also be required to release information from my file to other persons, pursuant to the provisions of the Oregon Public Records Law. **Initial** \_\_\_\_\_

I hereby authorize the release of medical and psychological information directly or indirectly related to my emotional and/or mental fitness to the Department, or its designee. I understand this information will be used to determine my fitness for duty as an armed security services provider. I understand the release of information shall include physicians, psychotherapists, hospitals or any other source necessary to determine my emotional or mental fitness for certification. I hold harmless those persons or entities disclosing the information. **Initial** \_\_\_\_\_

I hereby declare under oath and under penalty of perjury, 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.

**Applicant Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_