

PS-24

Executive Manager Form

Instructions

Executive Manager Information – Section 1

Enter your name and PSID, if no PSID assigned, use N/A.

Enter your email and contact phone number.

Are you the **primary contact** executive manager for the entity?

If yes, list your start date as the primary contact executive manager for the entity.

If not, list the name of the primary contact executive manager.

If you are unsure if you are the primary contract executive manager for the entity, as your employer.

Entity Information – Section 2

If you are an employee of the business, complete only this section.

Check the box for either new business, updates, or no change of information*

Enter entity name and ID number.

Enter physical and mailing address of entity.

If the location is exempt from disclosure per law, check box.

Enter entity owner name.

Enter business website, if applicable.

*** If there is no change, complete only entity name and ID portion of Section 2.**

Contract Executive Manager Information ONLY – Section 3

If you are an executive manager contracting your services as an executive manager to an entity, complete this section.

Enter the entity name of which you are entering into a contract to provide executive manager services for.

Enter physical address only.

Date you are entering the contract OR date you are ending the contract.

Section 3 is only for executive manager contracting their services as an executive manager to another business or entity, i.e., an individual contracting your executive manager license, and the business or entity has their own certified private security professionals to provide private security services, however has not secured an executive manager as required.

Oregon Administrative Rule 259-060-0015(6)(c) Information

Executive managers must submit a completed Form PS-24 within 48 hours of a change when:

- (A) Beginning employment or entering a contract with an employer as an executive manager;
- (B) Terminating employment or completing a contract for an employer as an executive manager; and
- (C) When the ownership of the employing entity changes.



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Department of Public Safety Standards and Training / Private Professional Certification and Licensing
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ALL INFORMATION BELOW IS REQUIRED TO BE SUBMITTED WITHIN 48 HOURS OF A CHANGE

1

Executive Manager Information:

Executive Manager Name:		PSID: (If no PSID assigned, use N/A)	
Email:		Contact Phone Number:	
Are you the primary contact executive manager for the entity?			
<input type="checkbox"/> Yes: List start date as primary contact executive manager for entity:			
<input type="checkbox"/> No: Primary contact executive manager	Name:		PSID:

2

Entity Information:

New Update No Change (only complete entity name and ID)

Entity Name:		Entity ID Number:	
Physical Address:			
City:		State:	Zip:
<input type="checkbox"/> Check box if your location is exempt from disclosure - marijuana processor, producer, or wholesaler			
Business Phone:	Business Fax:	Taxpayer ID:	
Mailing Address (If different):			
City:		State:	Zip:
Entity Owner(s) Name(s):			
Business Website Address:			

3

Contracting Executive Manager License and Services to:

Entity Name:		Entity ID Number:	
Physical Address:			
City:		State:	Zip:
Entering contract on:		Ending contract on:	

The information contained on this form is true and correct to the best of my knowledge. I understand that falsification of any documents submitted to the Department may be cause for denial, suspension or revocation of certification or licensure under ORS 181A.870 and OAR 259-060-0320, and subject to a civil penalty under OAR 259-060-0450.

Signature _____ Date _____

By checking this box, I understand that I have the option to sign this document manually, but I hereby affirmatively consent to use my electronic signature.