## Alarm and Unarmed Private Security Instructor <u>Professional Training Exemption</u>

DPSST, Private Security/Investigator Program
4190 Aumsville Hwy SE Salem, OR 97317
Ph. (503) 378-8531 http://www.oregon.gov/DPSST/PS/



In order to process without delay, please print legibly.

| Name   | PSID#                           |                       |
|--|---------------------------------|-----------------------|
| Email  |                                 |                       |
| By signing, I do hereby swear or affirm, under penalty of perjury, that all the information listed below is complete and accurate and that I did in fact instruct for the number of hours indicated.   |                                 |                       |
| Signature:   |                                 |                       |
| <ul> <li>Currently certified <u>alarm monitor private security instructors</u> who are also certified as an alarm monitor private security professional are exempt from the required alarm monitor private security professional renewal training if they have documented a minimum of <u>24 hours delivering any combination of the alarm monitor basic course or the alarm monitor renewal course during the current certification period.</u></li> <li>Currently certified <u>unarmed private security instructors</u> who are also certified as an unarmed private security professional are exempt from the required unarmed private security professional renewal training if they have documented a minimum of <u>28 hours delivering any combination of the unarmed basic course or the unarmed renewal course during the current certification</u></li> </ul> |                                 |                       |
| period.  | Julio of the unumber tone       | lo dan one de miesto. |
| List below student names, PSID# (if available), date, hours and course provided.   |                                 |                       |
| 1. Student Name/PSID#  |                                 |                       |
| Date   | _ Course                        | _ Hours               |
| 2. Student Name/PSID#  |                                 |                       |
| Date   | _ Course                        | _ Hours               |
| 3. Student Name/PSID#  |                                 |                       |
| Date   | _ Course                        | _ Hours               |
| 4. Student Name/PSID#  |                                 |                       |
|  | _ Course                        |                       |
| 5. Student Name/PSID#  |                                 |                       |
| Date   | _ Course                        | _ Hours               |
| 6. Student Name/PSID#  |                                 |                       |
| Date   | _ Course                        | _ Hours               |
| For additional teaching in   | nformation use a separate form. |                       |