Executive Manager Information Form

DPSST, Private Security/Investigator Licensing Program
4190 Aumsville Hwy SE Salem, OR 97317
Phone (503) 378-8531 Fax (503) 378-4600
www.oregon.gov/dpsst/ps

EXECUTIVE MANAGER INFORMATION

NAME_____PS ID# _____

Email _____

COMPANY CONTACT INFORMATION – New companies and companies changing contact information.

Company Name _____

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Website Address _____

Phone Number _____ Fax Number _____

Email Address _____

Tax ID Number _____

New companies, please attach a list of all security providers.

AUTHORIZED PERSONNEL – Individuals authorized to speak with DPSST staff.

Name _____ Phone Number _____

Email Address _____

Title _____

Contact Type: ☐ Authorized by EM ☐ Corporate Office ☐ Office Staff ☐ Other

COMPANY CONTRACT INFORMATION – Executive Managers contracting with a specific company are required to notify the Department within two days of any change.

Former Contract _____ Effective Date _____

New Contract _____ Effective Date _____

If submitting new contract information, please attach a list of all security providers.

THIS FORM MAY BE DUPLICATED