PS-1 Application for Certification or Licensure

Department of Public Safety Standards and Training,
Private Security Certification Program
4190 Aumsville Hwy SE, Salem, OR 97317
Phone (503) 378-8531 www.oregon.gov/DPSST/PS

Applicant Name (please print): ___________________________________________________________

Please indicate the certification and/or licensure you are applying for below:

<table>
<thead>
<tr>
<th>Private Security Professional</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unarmed</td>
<td></td>
</tr>
<tr>
<td>Armed/Unarmed</td>
<td></td>
</tr>
<tr>
<td>Alarm Monitor</td>
<td></td>
</tr>
<tr>
<td>Armed Upgrade</td>
<td></td>
</tr>
</tbody>
</table>

Upgrade allows the holder to maintain the same renewal dates of armed and unarmed certification.

<table>
<thead>
<tr>
<th>Certified Private Security Instructors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unarmed</td>
<td></td>
</tr>
<tr>
<td>Firearms *</td>
<td></td>
</tr>
<tr>
<td>Alarm Monitor</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private Security Managers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisory</td>
<td></td>
</tr>
<tr>
<td>Executive</td>
<td></td>
</tr>
</tbody>
</table>

If you are also applying for a Professional Certification – only the fees (cert. & fingerprints) for the manager license are required, please indicate the type of Professional Certification below:

<table>
<thead>
<tr>
<th>Fingerprints:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unarmed, Armed/Unarmed, Alarm Monitor OR</td>
<td>($41.75)</td>
</tr>
<tr>
<td>Instructors, Managers</td>
<td>($42.75)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification/Licensure Chart</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal History Fingerprint Fee</td>
<td>$41.75</td>
</tr>
</tbody>
</table>
*Fingerprint fee is only required if you have not held the certification or licensure you are applying for in the last 4 years.
- Unarmed, Armed, Alarm Monitor
- Instructors/Managers

| Professional | $65       |
| Upgrade to Armed | $20       |
| Alarm Manager Instructor | $90       |
| Unarmed Instructor | $90       |
| Firearms Instructor | $90       |
| Firearms Instructor Range Fee* | $68       |
| Late fee | $25       |

<table>
<thead>
<tr>
<th>License Fee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisory Manager</td>
<td>$75</td>
</tr>
<tr>
<td>Executive Manager</td>
<td>$250</td>
</tr>
</tbody>
</table>

DPSST Instructor/Manager class date request
1st Choice: ____________________________
2nd Choice: ____________________________

For class availability please visit the Training Calendar on the DPSST website: www.oregon.gov/DPSST/PS

For further details on the application for Certification and Licensure procedure, refer to OAR 259-060-0025 which can be accessed via the DPSST website (www.oregon.gov/DPSST/PS)
**SECTION 1 PERSONAL INFORMATION**

**Name:** First_________________________ MI _____ Last__________________________

SSN*: ___________________ Driver’s License#: ___________________ State: ______ Expires ________

*Applicants are required to provide their Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13) and OAR 259-060-0120(10). Failure to provide the SSN may result in refusal to issue the requested license or certificate. The SSN is used to obtain criminal background information, for child support enforcement and tax administration (including identification) purposes only. The SSN remains on file at DPSST.

**Previous name(s):**

_____________________________ ________________________________

**Race:** circle one: A (Asian/Pacific Islander) - B (African-American) - H (Hispanic) - I (Native American) - W (Caucasian)

**Gender:** M / F **Date of Birth** ________________

**Email address:** ________________________________

**Phone:** Home __________________ Work: __________________ Cell: __________________

**Mailing address:** ________________________________

City: ____________________________ State: ______ Zip: __________ County: ______________

**Home address:** (if different): ________________________________

City: ____________________________ State: ______ Zip: __________ County: ______________

**Personal Identifiers:** Height ________ Weight ________ Hair color ________ Eye color__________

**Birthplace:** City/State/County ________________________________

MINIMUM STANDARDS FOR CERTIFICATION OR LICENSURE (OAR 259-060-0020)

Private security providers must have earned either a high school diploma; General Education Development (GED) certificate; or a four-year, post-secondary degree issued by an accredited degree-granting college or university recognized by the Oregon Office of Degree Authorization under the provision of ORS 348.604.

[ ] High School Diploma or [ ] GED: ________________  [ ] Four Year Degree: ________________

(Year Graduated/Received) (Year Completed/Received)

**Received at (name of school):** ________________________________

Yes [ ] No [ ] Has the applicant had a law enforcement or criminal justice certificate in this or any other State?

Yes [ ] No [ ] Has the applicant had any action taken against any State-issued certificate/license or are they currently being investigated regarding any State-issued certificate/license, including DPSST? **

**If yes, please attach a separate sheet with additional information**
SECTION 3 - RESIDENCE SECTION

Provide the last 4 consecutive years of residence history beginning with today’s date and going back. Include time living in your parents' home or in transition, if applicable. If necessary, use additional paper.

<table>
<thead>
<tr>
<th>Date from/date to</th>
<th>Complete street address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/2010 - current</td>
<td>(example) 221b Baker St</td>
<td>Salem</td>
<td>OR</td>
<td>97272</td>
</tr>
</tbody>
</table>

SECTION 4 – EMPLOYMENT SECTION

Please provide the last 4 consecutive years of employment or business history. If unemployed, student or homemaker, indicate time period and status. This must be a complete history, without gaps of time. If necessary, use additional paper.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Date from/date to</th>
<th>Employer/Business Name</th>
<th>Address/ City/State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker</td>
<td>10/2010 - current</td>
<td>(example) The Muffin Man</td>
<td>Drury Lane, Salem, OR</td>
</tr>
</tbody>
</table>
SECTION 5 – AFFIRMATION OF MORAL FITNESS

The application fee will not be refunded if your certification or licensure is denied, revoked, or suspended.

Equivalent convictions from jurisdictions other than Oregon will carry the same period of disqualification. Carefully read the statements below. Providing inaccurate information may result in denial of the application or the assessment of a civil penalty.

I am responsible for my initials in this section. It is not the responsibility of my instructor/employer to inform me what is acceptable to sign. I understand that if I am unable to truthfully initial one of the statements below I am not eligible for certification/licensure.

_____ I swear or affirm that I have never in my lifetime been convicted of a Person Felony as defined by the Criminal Justice Commission in OAR 213-003-0001 or any crime with similar elements in any other jurisdiction including local, state, federal or tribal.

_____ I swear or affirm that I am not registered or required to register as a sex offender under ORS 181.595, 181.596 or 181.597.

_____ I swear or affirm that within the 10 year period prior to applying for certification/licensure or during the certification/licensure, I have not been convicted of any felony in this or any other jurisdiction including local, state, federal or tribal.

_____ I swear or affirm that within the 10 year period prior to applying for certification/licensure or during the certification/licensure, I have not been convicted any misdemeanor as defined by the Criminal Justice Commission in OAR 213-003-0001 or any crime with similar elements in any other jurisdiction including local, state, federal or tribal.

_____ I swear or affirm that within the 10 year period prior to applying for certification/licensure or during certification/licensure, I have not been convicted any crime involving any act of domestic violence as defined in OAR 135.230 or any crime with similar elements in any other jurisdiction including local, state, federal or tribal.

_____ I swear or affirm that within the 10 year period prior to applying for certification/licensure or during certification/licensure, I have not been convicted any misdemeanor or felony conviction involving the unlawful use, possession, delivery or manufacture of a controlled substance, narcotic, or dangerous drug in this or any other jurisdiction including local, state, federal or tribal.

_____ I swear or affirm that within the 10 year period prior to applying for certification/licensure or during certification/licensure, I have not been convicted of any of the listed misdemeanors.

_____ I swear or affirm that I have not committed any misdemeanor arising from conduct while on duty as a Private Security Provider OAR 259-060-0300.
The Department may deny or revoke the certification or licensure of any applicant or private security provider upon finding that the applicant or private security provider:

   a) Fails to meet the minimum standards for certification or licensure as a private security provider as defined in OAR 259-060-0020;
   b) Has falsified any information submitted on the application for certification or licensure or any documents submitted to the Department pertaining to private security certification or licensure;
   c) Has violated any of the temporary assignment provisions of OAR 259-060-0130;
   d) Has failed to submit properly completed forms or documentation in a time frame as designated by the Department;
   e) Has failed to pay a civil penalty or fee imposed by the Department when due;
   f) Has failed to comply with any provisions found in the Act or these rules; or
   g) Lacks moral fitness.

I, (sign) ________________________________________, understand that as an applicant or provider I must be of good moral fitness as determined by a criminal background check, department investigation or other reliable sources. I understand that a lack of good moral fitness includes, but is not limited to, mandatory or discretionary disqualifying misconduct as described in OAR 259-060-0300.

ARMED APPLICANTS ONLY – this section

___ I swear or affirm I have never been committed to the Mental Health and Developmental Disability Services Division under ORS 426.130, or similar order in another jurisdiction including local, state, federal or tribal.

___ I am not prohibited under US Code Title 18, Section 922(g)(8) (relating to civil restraining orders including stalking or harassment) from possessing a firearm in interstate commerce.

___ I am not prohibited under any law of this state or any federal law from purchasing, owning, or possessing a firearm.
I swear or affirm that as a Private Security Provider, my fundamental duty is to protect the interest of my employer, client and/or industry. As a private security provider I recognize that I am bound to the core values specific to my discipline.

I acknowledge that Honesty is a core value that includes integrity, credibility, acting honorably and maintaining confidences. I acknowledge that a lack of honesty includes untruthfulness, dishonesty by admission or omission, deception, misrepresentation or falsification, and from these I will abstain.

I acknowledge that Good Character is a core value that includes being respectful and courteous, being faithful, diligent and loyal to the employer’s charge, and using discretion, demonstrating compassion, and exhibiting courage.

I acknowledge that Fair Treatment of Others is a core value that includes treating others equitably, exercising good judgment and not being discriminatory against others.

I acknowledge that Public Trust is a core value which includes maintaining the public confidence by being law abiding and adhering to recognized private security industry standards.

I acknowledge that Respect for the Laws of this State and Nation is a core value.

I will constantly strive to maintain these core values, dedicating myself to my chosen profession.

____________________________________  ________________________
Signature                                      Date

____________________________________  ________________________
Printed Name                                  PSID Number or if new enter N/A
Oregon Revised Statute 181.991 states: A person commits a Class A Misdemeanor if the person knowingly falsifies information pertinent to an application for a license or certificate. I have read each of the paragraphs written below as indicated by my initials:

_____ I hereby authorize any person or organization to provide any information about me to the Department of Public Safety Standards and Training, including criminal history information or any other information about me related to my character or fitness for licensing or certification under ORS 181.870-181.991. I further authorize DPSST, or an authorized representative of the Board, to release to any law enforcement agency or employer or prospective employer any information held by DPSST concerning my application. I understand that the Department may also be required to release information from my file to other persons, pursuant to Oregon public records law.

_____ I understand and agree that DPSST is required to deny, revoke or suspend certification/licensure if I have been convicted of a disqualifying crime. I understand that falsifying my application or a finding, by the Department, that information provided on the forms submitted in application, or that is contrary to my sworn oath are grounds for denial, revocation or suspension of my certification/licensure, and may subject me to civil penalty and/or prosecution. This includes if my criminal history check shows information contrary to that disclosed, or subsequent criminal, unethical or immoral activity.

_____ I release the Department of Public Safety Standards and Training and its agents from any and all liability and responsibility, damages, and claims of any kind whatsoever arising from actions taken in fulfilling the departments’ statutory obligations.

I hereby declare under oath and under penalty of perjury that all information contained in this application is true and correct. I understand and agree to the terms and conditions as described.

Signature of Applicant: ___________________________ PSID ____________________

The section below must be completed by a Notary Public.

State of ________________________, County of __________________________

________________________________, signed or attested before me on __________________________

(applicant’s name) (date)

Signature of Notary Public: __________________________ State of: ______________________
DPSST Private Security Document Checklist

This document is designed to assist with submission of your application and is not required to be submitted with the application.

How much should I pay?

Refer to the Certification/Licensure Chart for the appropriate fees. All fees must accompany the application and are non-refundable/non-transferable. Payment can be made by credit card authorization form, cashier’s check, business check or money order made payable to DPSST. Note that personal checks and cash will not be accepted.

What forms do I submit?

For first-time applicants for certification/licensure;

☐ PS-1 (don’t forget the notarization) (May 2014 version includes the PS-27)
☐ PS-6 Training Affidavit
☐ Obtain fingerprints, with a completed PS-4; both enclosed in the same tamperproof bag
☐ Fees
☐ PS-20
☐ PS-27
☐ Sign up for the ListServe via http://www.oregon.gov/dpsst/PS/Pages/ListServe.aspx

To upgrade a certification/licensure; To add a certification/licensure;

☐ PS-1 (which includes the PS-27) ☐ PS-1 (which includes the PS-27)
☐ PS-6 Training Affidavit ☐ PS-6 Training Affidavit
☐ PS-23 ☐ PS-20
☐ PS-27 ☐ PS-27
☐ Fees ☐ Fees

Where do I send the application?

Mail information to:

Department of Public Safety Standards and Training,
Private Security Certification Program
4190 Aumsville Hwy SE, Salem, OR 97317

How do I check the status of my application?

Use IRIS which can be accessed via this link: http://dpsstnet.state.or.us/IRIS_PublicInquiry/privatesecurity/smsgoperson.aspx