Application for Renewal of Private Security Certification/Licensure
Department of Public Safety Standards and Training, Private Security Program
4190 Aumsville Hwy SE Salem, OR 97317 Ph. (503) 378-8531

PS-21

Name ____________________________ DOB ___________ PS ID __________

Home phone: ________________ Work phone: ________________ Cell phone: ________________

Mailing address __________________________________________ City: ______________________

State: __________ Zip: __________ County: ______________ email____________________________

Current employer(s) ________________________________________________

Certification and Licensure Chart

<table>
<thead>
<tr>
<th>Certification/Licensure</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional; Unarmed, Armed, Alarm</td>
<td>$65</td>
</tr>
<tr>
<td>(circle the appropriate one)</td>
<td></td>
</tr>
<tr>
<td>Alarm Manager Instructor</td>
<td>$90</td>
</tr>
<tr>
<td>Unarmed Instructor</td>
<td>$90</td>
</tr>
<tr>
<td>Firearms Instructor</td>
<td>$90</td>
</tr>
<tr>
<td>Firearms Range Fee</td>
<td>$68</td>
</tr>
<tr>
<td>Late fee</td>
<td>$25</td>
</tr>
</tbody>
</table>

License Fee

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

All fees are non-refundable/non-transferable and must accompany the application. Pay required fees with credit card, cashier’s check, business check or money order made payable to DPSST. Credit card authorization forms are available on the website and must be faxed or mailed in. Personal checks or cash will not be accepted.

Note: you may begin your renewal process 180 days prior to your expiration date. If your current certification expires before you receive your new card it is unlawful for you to continue providing Private Security Services until you have received your new certification. If employed and are submitting a renewal less than 30 days prior to expiration date of certification or licensure, a PS-20 must be included.

Managers and Instructors only
For class availability and to check on your status please visit the Training calendar and IRIS links on our website: http://www.oregon.gov/DPSST/PS/. Class materials will be sent to your email address no later than one week before class starts.

<table>
<thead>
<tr>
<th>Class date request</th>
<th>Unarmed Instructor</th>
<th>Alarm Monitor Instructor</th>
<th>Firearms Instructor</th>
<th>Supervisory Manager</th>
<th>Executive Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Choice:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Choice:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised October 2014  In order to process your application without delay, please print legibly  Page 1 of 4
Carefully read the statements below. Choose which statements apply to you by signing your initials in the blank space provided and signing your complete signature at the bottom of the page. If a statement does not apply, fill in the blank space with an N/A. If statements 3 or 4 apply to you, provide the information requested on additional paper.

**The below statements apply for any time after your last valid application with DPSST:**

1. I ____ (initial), swear or affirm, have not had any action taken against any state issued certificate/license and am not currently being investigated regarding any state issued certificate/license.

2. I _____, swear or affirm, have not been convicted of any crime in this state or any other jurisdiction including local, state, federal or tribal.

3. I _____, swear or affirm, the attached documentation is the full disclosure of any actions or investigations taken against any state issued certification/licensure.

4. I _____, swear or affirm, the crimes listed on an attached sheet are a full disclosure of any convictions or pending criminal charges. (If available attach copies of police reports and court documents, use additional pages if necessary.)

If applying for renewal of **armed security officer or firearms instructor**, answer the questions below:

I, (initial) _____, swear or affirm I have completed the mandatory Annual Firearms Marksmanship Requalification and Refresher Course.

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

I, _____, swear or affirm I am not prohibited under any law of this state or any federal law from purchasing, owning or possessing a firearm.

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.
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.

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.

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 _________
Private Security Provider
Code of Ethics

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