**THIS FORM MAY BE DUPLICATED**

CHANGE OF INFORMATION FORM
PS-23

DPSST, Private Security/Investigator Program, 4190 Aumsville Hwy SE Salem, OR 97317
Phone: (503) 378-8531 / Fax: (503) 378-4600
E-mail: security.investigators@state.or.us / Website: www.oregon.gov/DPSST/PS

PLEASE PRINT CLEARLY OR TYPE

<table>
<thead>
<tr>
<th>REQUIRED INFORMATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME __________________ DOB: ___________ PSID # ________</td>
</tr>
<tr>
<td>Last _______ First _______ M.I. ________</td>
</tr>
<tr>
<td>FORM SUBMITTED BY __________________ DATE ____________</td>
</tr>
</tbody>
</table>

CHANGE OF ADDRESS, TELEPHONE AND/OR EMAIL - NO FEE REQUIRED

New Mailing Address: ___________________________________________Apt #: ____________

City __________________ State ________ ZIP _______________ Contact Phone ____________

New Email Address: ____________________________________________

CHANGE OF EMPLOYMENT - NO FEE REQUIRED

New Employer ___________________________________________Start of Employment Date: ____________

New Employer ___________________________________________Start of Employment Date: ____________

Former Employer ___________________________________________End of Employment Date: ____________

Was the employee terminated? ____________

Was the separation of employment for violation of the Private Security Services Providers Act? ____________

Former Employer ___________________________________________End of Employment Date: ____________

Was the employee terminated? ____________

Was the separation of employment for violation of the Private Security Services Providers Act? ____________

Upgrade from Unarmed Professional to Unarmed/Armed Professional

I am certified unarmed professional and I have applied for upgrade to an unarmed/armed professional. I have submitted a fee, PS-1 application, PS-6 (24 hour armed course), PS-23 and a PS-27 to DPSST. Pursuant to OAR 259-060-0025, individuals currently certified as an unarmed private security provider applying to upgrade to armed private security certification must carry a copy of the PS-6 and the PS-23 while performing private security services until a new certificate is received.

REPLACEMENT OF CERTIFICATION/LICENSE– $20 FEE REQUIRED

□ $20.00 fee enclosed

Submit a money order, cashier’s check, business check or credit card authorization form.

□ Name change

Former Legal Name ____________________________

Current Legal Name ____________________________

(Attach proof of legal name change, i.e. copy of court document, driver’s license or SSN)

□ Replacement certification/license card required due to loss of original.

All certified/licensed individuals who request a replacement card must carry a copy of this PS-23 form, at all times, while performing security services until a replacement certification/license is received.

PLEASE NOTE: If not all applicable portions are completed or legible, it may delay the processing of your request.

Revised March 2015

Page 1 of 1