

APPLICATION FOR ACCREDITATION

DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING
PRIVATE SECURITY PROGRAM
4190 AUMSVILLE HWY SE SALEM, OR 97317
PH. (503) 378-8531 FAX (503) 378-4600



APPLICATION

- | | |
|--|------|
| <input type="checkbox"/> INITIAL APPLICATION FOR EMPLOYER TRAINING PROGRAM ACCREDITATION | \$75 |
| <input type="checkbox"/> RENEWAL APPLICATION FOR EMPLOYER TRAINING PROGRAM ACCREDITATION | \$75 |
| <input type="checkbox"/> EMPLOYER REQUESTING USE OF A TRAINING PROGRAM ACCREDITED BY DPSST | \$75 |

NAME OF REQUESTED EMPLOYER TRAINING PROGRAM ACCREDITED BY DPSST

COMPANY INFORMATION

1. COMPANY NAME: _____

2. COMPANY ADDRESS: _____

3. COMPANY ID#: _____

4. INSTRUCTOR* NAME: _____ PSID #: _____

INSTRUCTOR* NAME: _____ PSID #: _____

INSTRUCTOR* NAME: _____ PSID #: _____

INSTRUCTOR* NAME: _____ PSID #: _____

*IF MORE INSTRUCTORS ARE USED, PLEASE SUBMIT A LIST.

ACCREDITATION PROGRAM MANAGER INFORMATION - THIS PERSON WILL SERVE AS THE OFFICIAL LIAISON BETWEEN THE AGENCY AND DPSST.

1. **NAME:** _____

2. **CONTACT NUMBER:** _____

3. **EMAIL ADDRESS:** _____

4. **MAILING ADDRESS:** _____

IF APPLICATION IS FOR AN EMPLOYER TRAINING PROGRAM ACCREDITATION, IF APPROVED, WILL YOU ALLOW ANOTHER EMPLOYER TO USE THE APPROVED ACCREDITED TRAINING PROGRAM?

YES NO N/A

IF YES, WHO WITHIN YOUR ORGANIZATION IS AUTHORIZED TO PROVIDE PERMISSION FOR USE?

NAME: _____

TITLE: _____