

Affidavit of Instructor and Private Security Provider Testing Results

PS-6



Department of Public Safety Standards and Training, Private Security/Investigator's Program
 4190 Aumsville Hwy SE, Salem, OR 97317 / Phone: (503) 378-8531 / Website: www.oregon.gov/dpsst/ps

| | | | | | |
|---|--|---------------------------|----------------------------|---------------------------|------|
| Student | Legal First Name | M.I. | Legal Last Name | | |
| | PSID | DOB | Phone | | |
| | Mailing Address | | | | |
| | Email | | | | |
| Basic Training Courses | <i>Indicate whether the applicant/provider demonstrated a successful completion of the courses below.</i> | | | PASS | FAIL |
| | Unarmed Professional Basic Classroom Instruction and Exam – minimum 14 hour | | | | |
| | Unarmed Professional Assessment(s) | | | | |
| | Alarm Monitor Professional Basic Classroom Instruction and Exam– minimum 8 hours | | | | |
| | Alarm Monitor Professional Assessment(s) – minimum 4 hours | | | | |
| | Armed Professional Basic Firearms Course and Exam – minimum 24 hour | | | | |
| | Marksmanship Qualification | | | | |
| | Safe Gun Handling Test | | | | |
| Biennial Training | Unarmed Professional Biennial Renewal Course and Exam – minimum 4 hours | | | | |
| | Alarm Monitor Professional Biennial Renewal Course and Exam – minimum 4 hours | | | | |
| Annual Training | Armed Professional Refresher Course and Exam – minimum 4 hours | | | | |
| | Armed Professional Annual Firearms Marksmanship Qualification | | | | |
| | Armed Professional Annual Safe Gun Handling Test | | | | |
| | Firearms Instructor Marksmanship Qualification | | | | |
| Accreditation Agreement | <i>This section applies to companies that have a written accreditation agreement with DPSST</i> | | | | |
| | Accredited Professional Basic – circle type – ALARM or UNARMED | | | | |
| | Accredited Professional Renewal – circle type – ALARM or UNARMED | | | | |
| Sworn Statement of Student | By signing this affidavit I hereby acknowledge and understand falsification of this document makes my certification(s)/licensure(s) subject to denial, suspension or revocation under ORS 181A.870 and OAR 259 Division 60. I hereby swear or affirm, under penalty of perjury, that I have attended the required training, completed examination and assessment for the total hours listed below. | | | | |
| | Signature of Student | Total Hours of Completion | Date Signed | | |
| Sworn Statement of Certified Instructor | <i>By my initials and signature I hereby swear or affirm, under penalty of perjury, that:</i> | | | Initial Statements | |
| | I have confirmed the student's identity by viewing a valid government issued picture ID. | | | | |
| | I am currently a Private Security Instructor, certified by DPSST. | | | | |
| | I have complied with all mandated course hours & administered all required training, exam and assessments. | | | | |
| | The course was delivered in English, and the assessments and written exams were completed in English without assistance. | | | | |
| | I will provide the student a fully completed copy of this form, upon signing. | | | | |
| | Instructor Name (printed) | Start Date: | PSID # and Expiration Date | | |
| | | End Date: | | | |
| Signature of Instructor | | | Dated Signed | | |
| Records Retention – Keep Instructor Class Files for a Minimum Period of Two Years | | | | | |