



# PS-1 Application for Certification or Licensure

Department of Public Safety Standards and Training / Private Professional Certification and Licensing

Mail application packet to:  
 4190 Aumsville Hwy SE, Salem, OR 97317-8983  
 E-mail: [dpsst.security@dpsst.oregon.gov](mailto:dpsst.security@dpsst.oregon.gov)

Phone: 503-378-8531 / Fax: 503-378-4600  
 Website: <http://www.oregon.gov/dpsst/ps>

YOU ARE APPLYING FOR:	CHECK BOX
Alarm Monitor Professional	
Armed/Unarmed Professional	
Event/Entertainment Professional	
Unarmed Professional	
Executive Manager	
Supervisory Manager	
If applying for a professional certification, please indicate above.	
Alarm Monitor Instructor	
Firearms Instructor	
Unarmed Instructor	

## **Non-refundable payment**

### Payment amount information

Cashier/Business Check or Money Order – Payable to: DPSST  
 Personal checks or cash will NOT be accepted

### Credit Card Authorization Form 508c.pdf (oregon.gov)

Print, complete & mail with all other application materials or  
 Fax payment form to: (503) 378-4600.

## **Education & Certification History**

Applicants for certification or licensure must have earned one of the following:

High School Diploma  GED  2- or 4-Year Degree\*

\*Issued by an accredited degree-granting college or university recognized by the Oregon Office of Degree Authorization [ORS 348.594(2)]

Have you ever applied for or been certified as a private security provider in Oregon?  NO

YES PSID#: \_\_\_\_\_

## **General Information** - PLEASE TYPE OR PRINT

<b>LEGAL NAME</b>			
<b>First:</b>	<b>MI:</b>	<b>Last:</b>	<b>Suffix:</b>
<b>*Social Security Number:</b>		<b>Driver's License Number:</b>	<b>State:</b>
<b>Previous Name(s):</b>			
<b>Gender:</b>	<b>Date of Birth:</b>	<b>Race (Optional):</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American	
<b>E-mail Address:</b>			
<i>Your email is used as our form of communication for all correspondences regarding your application process.</i>			
<b>Phone – Home:</b>	<b>Work:</b>	<b>Cell:</b>	
<b>Mailing Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>
<b>Residence Address (If different):</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>

\*You are required to provide Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC 405(c)(2)(C)(i) and 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of license or certificate.

**Moral Fitness** - review eligibility guidelines [click here](#) or view on our website at:

[https://www.oregon.gov/dpsst/PS/Pages/Moral\\_fitness.aspx](https://www.oregon.gov/dpsst/PS/Pages/Moral_fitness.aspx)

**If you answer yes to any of the below questions, you must attach an explanation and provide date, location, and nature of offense. If an arrest or criminal disposition, include arresting agency, dispositional outcome and court information. Additionally, any applicant with a juvenile adjudication must provide the Department with official records for the petition and any judgements issued in the adjudication.**

	<b>Yes</b>	<b>No</b>
1. Have you ever engaged in conduct which resulted in a violation of law, been cited, arrested, convicted or adjudicated for an offense punishable as a crime (including felonies, misdemeanors, violations and juvenile offenses) in <u>ANY</u> local, state, federal, military or tribal jurisdiction?		
2. Have you ever engaged in any of the following conduct?		
• Dishonesty or deceit		
• Sexual misconduct		
• Drug related misconduct		
• Destruction of property		
• Illegal use or possession of a deadly weapon		
• Violence, abuse or neglect against a person or animal		
3. Are you required to register as a sex offender or do you have a protective order (restraining, stalking, other) against you?		
4. Have you been investigated, required to appear before or been sanctioned by any professional body or federal or state agency for alleged misconduct – including DPSST?		
5. Has a certification or license in any other occupation or professional capacity issued in your name in any state or by the federal government ever been refused, suspended, revoked or restricted, or have you ever voluntarily relinquished a certification/license?		
6. Are you currently under investigation for alleged misconduct that may be grounds for denial or revocation of a professional certification or licensure?		
7. Have you provided private security services before in this state or any other state? <b>If yes, answer Question 7a. and 7b.</b>		
7a. Have you ever engaged in conduct that resulted in a criminal disposition for any violation of criminal law where the conduct occurred while providing private security services?		
7b. Have you ever engaged in conduct while providing private security services that constitutes harassment, stalking, intimidation, bullying, intentional or reckless physical harm or threatening harm of a person or group of people?		

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## **Training Request**

Complete this section ONLY if, applying for an instructor certification or manager licensure.  
For class availability visit our Training Calendar.

[Department of Public Safety Standards & Training : Training : Private Security : State of Oregon](#)

Class date requested: \_\_\_\_\_

Second date requested: \_\_\_\_\_

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## **Private Security Employment**

1. Are you currently employed as a Private Security Provider? YES  NO

2. Will you be providing private security services, prior to the issuance of your card? YES  NO

**If YES to #2, you must include a PS-20 signed by your employing licensed private security manager.**

Current Employer (Name & Address):

\_\_\_\_\_  
(Please list additional employers on a separate sheet)

Job Title \_\_\_\_\_

3. Are you applying for an executive manager license? YES  NO

**If YES to #3, you must include a [PS-24 Executive Manager Form](#)**

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## **Signature of Applicant**

The information contained in this application is true and correct to the best of my knowledge. I understand that falsification of any documents submitted to the department may be cause for denial, suspension, or revocation of certification or licensure under ORS 181A.870 and OAR 259-060-0300 thru 0380, and subject to a civil penalty under OAR 259-060 0450. I further understand that the information provided in this application will be used to conduct a background investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I understand that I have the option to sign this document manually, but I hereby affirmatively consent to use my electronic signature.