



PS-1 Application for Certification or Licensure

Department of Public Safety Standards and Training / Private Security Certification & Licensing Program
 4190 Aumsville Hwy SE, Salem, OR 97317-8983 Phone: 503-378-8531 / Fax: 503-378-4600
 E-mail: dpsst.security@state.or.us 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 you are also applying for a Professional Certification – Please indicate the type of Professional Certification above	
Alarm Monitor Instructor	
Firearms Instructor	
Unarmed Instructor	

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#: _____

Training Request Complete this section ONLY if applying for instructor certification or manager licensure
 For class availability please visit the Training Calendar on the DPSST website: www.oregon.gov/DPSST/PS

1st Choice:
2nd Choice:

General Information

PLEASE TYPE OR PRINT CLEARLY

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

*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.

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):

Job Title _____

- Current Employer (Name & Address):

Job Title _____

(Please list additional employers on a separate sheet)

Moral Fitness

1. 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?
 YES NO **If yes, attach an explanation and provide date, location, and nature of offense.**
2. Have you been arrested, cited or convicted for any misdemeanor or felony crime in this state or any other state?
 YES **If yes, on a separate sheet of paper, please provided us with date(s), arresting agency(s) and the court disposition(s).**
 NO I have not been arrested, cited or convicted for any misdemeanor or felony crime.
3. 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?
 YES NO **If yes, attach an explanation and provide date, location, and nature of offense.**

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, 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: _____

Payment - non-refundable

CASHIERS/BUSINESS CHECK OR
MONEY ORDER - Payable to: DPSST

Cash/Personal checks will NOT be accepted

MAIL TO:

Department of Public Safety Standards & Training
Private Security Certification & Licensing
4190 Aumsville Hwy SE
Salem, Oregon 97317

CREDIT OR DEBIT CARD PAYMENT

Credit Card Authorization Form:

www.oregon.gov/dpsst/PS/PS%20Forms/Credit%20Card%20Authorization%20Form%20508c.pdf

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

Please note: DPSST cannot accept emailed credit card authorization forms



PS-27

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