



PS-21 Renewal 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

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	
Alarm Monitor Instructor	
Firearms Instructor	
Unarmed Instructor	

***Armed professionals that have completed the armed annual training as required, may renew your armed certification by completing the unarmed renewal training and submitting the application for renewal of armed/unarmed professional.**

Training Request

Complete this section ONLY if applying for instructor certification.

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: _____

PSID #:

General Information

PLEASE TYPE OR PRINT CLEARLY

LEGAL NAME			
First:	MI:	Last:	Suffix:
E-mail Address:			
<i>Your email is used as our form of communication for all correspondence regarding your application process.</i>			
Phone – Home:	Work:	Cell:	
Mailing Address:			
City:	State:	Zip Code:	County:
Residence Address (If different):			
City:	State:	Zip Code:	County:

Moral Fitness – answer based on actions since your last valid application

This section asks about your moral fitness; all applicants must meet moral fitness standards for certification or licensure. Moral fitness is determined through a criminal records check, a department investigation, or other reliable sources. The questions below include questions about your conduct, which could consist of the following: a law violation with no formal charges filed, charges were dropped or charges dismissed, or your personal and professional conduct relating to eligibility for certification or licensure.

- **If you answer YES to any of the questions below, you must attach an explanation and provide date, location, and nature of offense or conduct.** Your explanation should include the arresting agency name, court name, case number, and case disposition, if applicable.
- Any applicant with a juvenile adjudication must provide the Department with official records for the petition and any judgements issued in the adjudication.

Before answering the questions below it is recommended that you review the eligibility guidelines [click here](#) or view on our website at: https://www.oregon.gov/dpsst/PS/Pages/Moral_fitness.aspx

	Yes	No
1. Since your last application, have you 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, and violations) in <u>ANY</u> local, state, federal, military or tribal jurisdiction?		
2. Since your last application, have you 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? Registration as a sex offender will result in a mandatory disqualifier.		
4. Since your last application, 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. Since your last application, 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 ever been notified by DPSST that you have an open case, that is being reviewed by DPSST?		
8. Since your last application, have you engaged in conduct that resulted in a court's final decision in the outcome of a case can include outcomes such as an acquittal, dismissal or conviction for any violation of criminal law where the conduct occurred while providing private security services?		
9. Since your last application, have you engaged in conduct while providing private security services that constitute harassment, stalking, intimidation, bullying, intentional or reckless physical harm or threatening harm of a person or group of people?		

Private Security Employment

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

2. List your Employers, any employers on your profile not listed below will be updated to inactive:

Current Employer (Name & Address):

Job Title _____

Current Employer (Name & Address):

Job Title _____

Current Employer (Name & Address):

Job Title _____

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

If YES to #3, you must include a PS-20 signed by your employing licensed private security manager.

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

If YES to #4, you must include a [PS-24 Executive Manager Form](#)

The information contained in this application is true and correct to the best of my knowledge. I understand that falsification of any document 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 through 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 the option to manually sign this document, but hereby affirmatively consent to use my electronic signature as provided above.

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](#)

Print, complete & mail with all other application materials or

Fax payment form to: (503) 378-4600

You must include a late fee if the application is accepted by the Department after the expiration date of certification or licensure.