



# PS-21 Renewal 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](mailto:dpsst.security@state.or.us) Website: <http://www.oregon.gov/dpsst/ps>

YOU ARE APPLYING FOR:	(CHECK BOX)
<b>Alarm Monitor Professional</b>	
<b>Armed/Unarmed Professional</b>	
<b>Event/Entertainment Professional</b>	
<b>Unarmed Professional</b>	
<b>Executive Manager</b>	
<b>Supervisory Manager</b>	
If you are also applying for a Professional Certification – Please indicate the type of Professional Certification above	
<b>Alarm Monitor Instructor</b>	
<b>Firearms Instructor</b>	
<b>Unarmed Instructor</b>	



### Stay connected with the Private Security Program by:

- Subscribe to our e-mails through GovDelivery.
- Visiting [DPSST on Facebook](#).
- [Use I.R.I.S](#) to look up certification information for Private Security.
- Sign up using your smartphone, tablet or laptop. You can find links on our website.

### **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](http://www.oregon.gov/DPSST/PS)

<b>1<sup>st</sup> Choice:</b>
<b>2<sup>nd</sup> Choice:</b>

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

<b>PSID #:</b>  _____
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**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.**

## **General Information**

PLEASE TYPE OR PRINT CLEARLY

<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>	<b>Suffix:</b>
<b>E-mail Address:</b>  <i>Your email is used as our form of communication for all correspondences regarding your application process.</i>			
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</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>

## **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)

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

1. Since your last valid 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?  
 YES  NO **If yes, attach an explanation and provide date, location, and nature of offense.**
2. Since your last valid application, 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. Since your last valid 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?  
 YES  NO **If yes, attach an explanation and provide date, location, and nature of offense.**

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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, 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: \_\_\_\_\_

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### **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](http://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**



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## **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