PS-24

Executive Manager Form Instructions

Executive Manager Information – Section 1

Enter your name and PSID, if no PSID assigned, use N/A.

Enter your email and contact phone number.

Are you the **primary contact** executive manager for the entity?

If yes, list your start date as the primary contact executive manager for the entity.

If not, list the name of the primary contact executive manager.

If you are unsure if you are the primary contract executive manager for the entity, as your employer.

Entity Information – Section 2

If you are an employee of the business, complete only this section.

Check the box for either new business, updates, or no change of information*

Enter entity name and ID number.

Enter physical and mailing address of entity.

If the location is exempt from disclosure per law, check box.

Enter entity owner name.

Enter business website, if applicable.

If the entity qualifies for an exemption listed in OAR 259-059-0020(4), select the appropriate exemption. *Additional information may be requested*.

* If there is no change, complete only entity name and ID portion of Section 2.

Contract Executive Manager Information ONLY - Section 3

If you are an executive manager contracting your services as an executive manager to an entity, complete this section.

Enter the entity name of which you are entering into a contract to provide executive manager services for.

Enter physical address only.

Date you are entering the contract OR date you are ending the contract.

Section 3 is only for executive manager contracting their services as an executive manager to another business or entity, i.e., an individual contracting your executive manager license, and the business or entity has their own certified private security professionals to provide private security services, however has not secured an executive manager as required.

Oregon Administrative Rule 259-060-0015(6)(c) Information

Executive managers must submit a completed Form PS-24 within 48 hours of a change when:

- (A) Beginning employment or entering a contract with an employer as an executive manager;
- (B) Terminating employment or completing a contract for an employer as an executive manager; and
- (C) When the ownership of the employing entity changes.



PS-24 Executive Manager Form

Department of Public Safety Standards and Training / Private Professional Certification and Licensing 4190 Aumsville Hwy SE, Salem, OR 97317-8983 Phone: 503-378-8531 / Fax: 503-378-4600 E-mail: dpsst.oregon.gov Website: http://www.oregon.gov/dpsst/ps

| Executive Manager Info | OW IS REQUIRED TO BE SU | | | |
|---|--|-----------------------|-------------------------------------|---------------|
| Executive Manager Name: | <u>Jimation.</u> | PSID: (If no PS | ID assigned, use N/A) | |
| • | | | | |
| Email: | | Contact Phone Number: | | |
| Are you the primary contact | _ | - | | |
| | rimary contact executive ma | nager for entity: | | |
| ☐ No: Primary contact executive manager | Name: | | PSID: | |
| | | | | |
| Entity Information: | | | | |
| ■ New | Update | ☐ No Change | only complete entity na | me and ID) |
| Entity Name: | | Entity ID Number: | | |
| Physical Address: | | | | |
| City | State | | 7in: | |
| City: | | | Zip: | |
| Business Phone: | on is exempt from disclosur Business Fax: | e - marijuana prod | cessor, producer, c Taxpayer ID: | r wholesaler |
| Mailing Address (If different | | | | |
| Maning Address (if different | <i>)</i> . | | | |
| City: | State | : | Zip: | |
| Entity Owner(s) Name(s): | | | | |
| Business Website Address: | | | | |
| | | | | |
| By checking one of the follo private security entity, and r | | | | ition of a |
| | empt under ORS 181A.845 | - | e Owner and Opera | tor of Entity |
| | Additional information r | nay be requested | · | · |
| | | | | |
| Contracting Executive | Manager License and | Services to: | | |
| Entity Name: | | | Entity ID Num | ber: |
| Physical Address: | | | I | |
| City: | State | ! | Zip: | |
| Entering contract on: | | Ending contract o | n: | |
| | | | | |

☐ 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.

Date