



Welcome to the Private Security Certification and Licensing Program Reconsideration Application Process

Attached you will find the reconsideration application for individuals that have previously been denied or revoked for discretionary grounds. Please make sure to complete it in its entirety. Incomplete or illegible forms/documents may delay processing of a certification or licensure. For minimum standards, procedures or general questions please refer to our website at <http://www.oregon.gov/dpsst/ps>. You may also contact our office through email at dpsst.security@state.or.us or by calling our office at: (503)378-8531.

Reconsideration Process. Any individual whose certification or license has been denied or revoked for discretionary grounds may apply for reconsideration of the denial or revocation after a minimum four-year ineligibility period from the date of the final order.

All applicants for reconsideration are required to submit a new application packet along with a Form PS- 30 Application for Reconsideration. The applicant may provide any mitigating information for the consideration of DPSST, Policy Committee, and Board.

In reconsidering the application of an applicant whose certification or licensure was previously denied or revoked for discretionary grounds, DPSST, the Policy Committee and the Board may consider mitigating and aggravating circumstances.

The Board's decision to deny an application for reconsideration will be subject to the contested case procedure. If an application for reconsideration is denied, the original ineligibility date remains.

Important information for reconsideration applicants

What is required for a completed **NEW** application packet?

- PS-1 – Application for certification or licensure;
- PS-6 – Completion of required training & minimum qualifications for appropriate level of certification or licensure;
- PS-20 – Temporary Work Permit (if currently employed);
- PS-27 – Code of Ethics;
- PS-30 – Application for Reconsideration
- Fees; and
- *Fingerprints – options & information: <http://www.oregon.gov/dpsst/PS/Pages/fingerprintinginfo.aspx>

***If using Fieldprint, Inc. – You must include a copy of the 'Confirmation Page' with your PS-1.**

For a list of certified Private Security Instructors that can provide the training for professional applicants, please refer to the following link: <http://www.oregon.gov/dpsst/PS/docs/Instructorlist.pdf>

Please note: A certified Private Security Instructor will complete a Training Affidavit (PS-6) once you have completed your required training. This form is only valid if submitted to the department within 180 days of the training completion date.

To check the status of your application, access IRIS via the following link:
http://dpsstnet.state.or.us/IRIS_PublicInquiry/privatesecurity/smsgoperson.aspx

Temporary Work Permits (PS-20s) may be held for up to 120 days. Additional PS-20 requests need prior approval from the department. PS-20's will not be issued to instructors or to individuals providing armed private security services.

Code of Ethics (PS-27), affirming moral fitness and professional standards is required to be sent with all PS-1 application materials. Applications submitted without this form will generate a deficiency and delay issuance of certification/licensure.

The Department may administratively terminate the application process and all fees paid will be forfeited if the Department is unable to complete the certification process due to non-response, non-compliance, upon the discovery of disqualifying criminal convictions or any violation of the temporary work permit provisions.

Pursuant to OAR 259-060-0500 payments to the Department are non-refundable and non-transferable.

All private security providers must notify the Department within 14 calendar days of any change of address by completing a Private Security Provider Change of Information form (PS-23), which can be found on our website.



PS-30 Application for Reconsideration

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>

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General Information

PLEASE TYPE OR PRINT CLEARLY

First Name:	Middle Initial:	Last Name:	Suffix:
PSID (if known):		Driver's License Number/State:	
Previous Name(s):		Date of Birth:	

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Reconsideration Information

Applicant may provide any mitigation for consideration of DPSST, Policy Committee and Board.

Previous disqualification for discretionary disqualifying misconduct: _____
Month/Day/Year

For: _____

When reviewing the reconsideration application, DPSST, Policy Committee and Board may consider the nature and severity of the misconduct, its relationship to providing private security services, how recent the acts or crimes, compliance with court sanctions and any evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate documented evidence of rehabilitation. Examples of such rehabilitative evidence includes:

- J A recent, dated letter from the applicant describing rehabilitative efforts or changes made to prevent future problems
- J Letters on official letterhead from professional counselors, instructors, employers, probation or parole officers, especially persons with knowledge of the alleged misconduct
- J Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse
- J Proof of community work, schooling, or other self-improvement efforts
- J Certified court orders expunging the criminal record, such as a reduction from felony to misdemeanor, or certificate of rehabilitation and/or pardon

Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) require all private security applicants and providers uphold the core values established by the Board of Public Safety Standards and Training and be of good moral fitness as determined by a criminal background check, department investigation or other reliable sources. Lack of good moral fitness includes, but is not limited to, mandatory or discretionary disqualifying misconduct as described in OAR 259-060-0300.

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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: _____