

Affidavit of Instructor and Private Security Provider Testing Results

PS-6



Department of Public Safety Standards and Training, Private Professional Certification and Licensing
4190 Aumsville Hwy SE, Salem, OR 97317 / Email dpsst.security@dpsst.oregon.gov

Student	Legal First Name	M.I.	Legal Last Name		
	PSID	DOB	Phone		
	Mailing Address				
	Email				
Basic Training Courses	Indicate whether the applicant/provider demonstrated a successful completion of the courses below.			PASS	FAIL
	Unarmed Professional Basic Classroom Instruction and Exam – minimum 14 hour				
	Unarmed Professional Assessment(s)				
	Alarm Monitor Professional Basic Classroom Instruction and Exam – minimum 8 hours				
	Alarm Monitor Professional Assessment(s) – minimum 4 hours				
	Armed Professional Basic Firearms Course and Exam – minimum 24 hour				
	Marksmanship Qualification				
	Safe Gun Handling Test				
Biennial Training	Unarmed Professional Biennial Renewal Course and Exam – minimum 4 hours				
	Alarm Monitor Professional Biennial Renewal Course and Exam – minimum 4 hours				
Annual Training	Armed Professional Refresher Course and Exam – minimum 4 hours				
	Armed Professional Annual Firearms Marksmanship Qualification				
	Armed Professional Annual Safe Gun Handling Test				
	Firearms Instructor Marksmanship Qualification				
Accreditation Agreement	This section applies to companies that have a written accreditation agreement with DPSST				
	Accredited Professional Basic – circle type – ALARM or UNARMED				
	Accredited Professional Renewal – circle type – ALARM or UNARMED				
Sworn Statement of Student	By signing this affidavit, I hereby acknowledge and understand that the falsification of this document makes my certification(s)/licensure(s) subject to denial, suspension, or revocation under ORS 181A.870 and OAR 259 Division 60. Under penalty of perjury, I hereby swear or affirm that I have attended and completed the required training, assessment, and exam in English without assistance for the total hours listed below.				
	Signature of Student		Total Hours of Completion	Date Signed	
	<input type="checkbox"/> By checking this box, I understand that I have the option to sign this document manually, but hereby affirmatively consent to use my electronic signature.				
Sworn Statement of Certified Instructor	By my initials and signature, I hereby swear or affirm, under penalty of perjury, that:				Initial Statements
	I have confirmed the student's identity by viewing a valid government issued picture ID.				
	I am currently a Private Security Instructor, certified by DPSST.				
	I have complied with all mandated course hours & administered all required training, exam, and assessments.				
	The course was delivered in English, and the assessments and written exams were completed in English without assistance.				
	I will provide the student a fully completed copy of this form, upon signing.				
	Instructor Name (printed)		Start Date:	PSID # and Expiration Date	
			End Date:		
	By signing this affidavit, I hereby acknowledge and understand that the falsification of this document makes my certification(s)/licensure(s) subject to denial, suspension, or revocation under ORS 181A.870 and OAR 259 Division 60.				
	Signature of Instructor		Approved Remote Training? If yes, CHECK BOX <input type="checkbox"/>	Date Signed	
<input type="checkbox"/> 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.					
Training Records Retention – Instructors must maintain a completed Form PS-6 for each student for a minimum period of two years.					