



TEMPORARY WORK PERMIT (TWP) 120 DAY

PS-20

Department of Public Safety Standards and Training (DPSST), Private Professional Certification Licensing
4190 Aumsville Hwy SE Salem, OR 97317 Phone: (503)-378-8531 Fax: (503) 378-4600 Email: dpsst.security@dpsst.oregon.gov

COMPLETED BY EMPLOYING LICENSED MANAGER

Issued to: _____

Print full legal name of applicant

PSID number, if known

Applicant is applying for the following certifications/licenses: (NOTE: Not valid for armed or instructor applicants)

- ☐ Alarm Monitor Professional ☐ Executive Manager ☐ Unarmed Professional
☐ Event/Entertainment Professional ☐ Supervisory Manager

STATE OF _____, COUNTY OF _____ SS.

I SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT:

I am the employing licensed manager of the above listed applicant; and
I have confirmed the applicant has completed the required application packet in its entirety; and
An original or copy of this permit will be attached to the application packet and mailed on or before the first day the applicant will perform private security services.

Print Employing Licensed Manager Name

PSID Number

Employing Manager Signature

Entity Name/ ID number

Date Signed

☐ 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.

THIS PERMIT WILL EXPIRE 120 DAYS FROM THE EMPLOYING MANAGER SIGNATURE DATE

I acknowledge that I have read and understand the rules of this Temporary Work Permit listed on the opposite side of this form:

Signature of APPLICANT

Date

☐ 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.

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RULES APPLIED TO THE ISSUANCE OF THIS TEMPORARY WORK PERMIT

BY SIGNING THE FRONT OF THIS TEMPORARY WORK PERMIT (TWP), I AGREE TO THE FOLLOWING CONDITIONS OF THIS TWP:

- I MUST CARRY THIS TWP ON MY PERSON AT ALL TIMES WHILE PERFORMING PRIVATE SECURITY SERVICES;
- I UNDERSTAND AND AGREE THAT A TWP IS GRANTED AS A PRIVILEGE;
- I UNDERSTAND THAT DPSST, IN THE INTEREST OF PUBLIC SAFETY, HAS ABSOLUTE DISCRETION TO TERMINATE, SUSPEND AND/OR REVOKE ANY TWP WITH WRITTEN NOTICE;
- I UNDERSTAND IF I LEAVE THE EMPLOYMENT OF THE ISSUING MANAGER, THIS TWP IS NULL AND VOID;
- I UNDERSTAND THIS TWP IS NOT TRANSFERABLE;
- I MUST DISPLAY THIS TWP TO ANYONE, UPON REASONABLE REQUEST;
- THIS TWP WILL EXPIRE 120 DAYS FROM THE SIGNATURE DATE OF THE EMPLOYING LICENSED MANAGER AND SHALL END UPON EXPIRATION OR NOTICE TO THE APPLICANT AND EMPLOYER THAT DPSST HAS TERMINATED, DENIED, REVOKED OR SUSPENDED MY APPLICATION PROCESS UNDER OREGON ADMINISTRATIVE RULE (OAR) 259 DIVISION 060; AND
- ONLY ONE TWP PER APPLICANT IS ALLOWED, UNLESS APPROVED BY DPSST.