



TEMPORARY WORK PERMIT (TWP) 120 DAY

COVID PS-20

Department of Public Safety Standards and Training (DPSST), Private Security Certification/Licensing Program
4190 Aumsville Hwy SE Salem, OR 97317 Phone: (503)-378-8531 Fax: (503) 378-4600

THIS COVID PS-20 IS ONLY TO BE USED IF FINGERPRINTS AND/OR TRAINING IS DELAYED*

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:

Alarm Monitor Professional Executive Manager Unarmed Professional

Event/Entertainment Professional Supervisory Manager Armed/Unarmed Professional Renewal Only**

ITEMS THAT ARE DELAYED:

FINGERPRINTS BASIC UNARMED COURSE (14HR) UNARMED RENEWAL COURSE (4HR)

BASIC ALARM COURSE (12HR) ALARM RENEWAL COURSE (4HR)

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 am aware that the applicant has items that are delayed due to the state of emergency; and
 A copy of this permit will be included with a PS-1 or PS-21 and fees and will be mailed on or before the first day the applicant will perform private security services.

*I understand the delayed item(s) must be completed prior to the expiration of this permit.
 **I understand the individual requesting an armed/unarmed Covid PS-20, must be in compliance with his/her annual armed training requirements to be eligible to hold this Covid PS-20.

Print Employing Licensed Manager Name	PSID Number	Employing Manager Signature
_____	_____	_____

Company Name/ ID number	**Date Signed**
_____	_____

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

RULES APPLIED TO THE ISSUANCE OF THIS COVID TEMPORARY WORK PERMIT

BY SIGNING THIS COVID 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 THAT A TWP IS GRANTED AS A PRIVILEGE;
- I UNDERSTAND THAT THIS TWP IS ONLY AVAILABLE TO ME DUE TO THE STATE OF EMERGENCY;
- I UNDERSTAND THE DELAYED ITEM(S) REQUIRED FOR CERTIFICATION MUST BE SUBMITTED AND RECEIVED PRIOR TO THE EXPIRATION DATE OF THIS PERMIT.
- 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) 259-060-0030 OR 259-060-0120; AND
- ONLY ONE TWP PER APPLICANT IS ALLOWED, UNLESS APPROVED BY DPSST.

I acknowledge that I have read and understand the rules of this Covid Temporary Work Permit listed above.

Signature of APPLICANT	Date
_____	_____