



Welcome to the Private Security Certification and Licensing Program

Attached you will find the application for a new applicant, adding a new certification/licensure or upgrading. Please make sure to complete it in its entirety. Incomplete or illegible forms/documents may delay issuance 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.

Important information for all 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;
-) 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.**

What is required for a completed application packet when **ADDING** a certification or licensure?

-) 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; and
-) Fees

If adding an Armed Professional certification: Include a PS-23 – Change of Information form

What is required for a completed application packet when **UPGRADING** from Unarmed to Armed Certification?

-) PS-1 – Application for certification or licensure;
-) PS-6 – Completion of required training & minimum qualifications;
-) PS-23 – Change of Information;
-) PS-27 – Code of Ethics; and
-) Fees

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.

Class calendar for training provided by DPSST to managers and instructors, please use following link: <http://www.oregon.gov/dpsst/PS/docs/PSManagerInstClassSchedule.pdf>

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

For the definition of Private Security Services, see OAR 259-060-0010.

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.

Training Requirements & Fees

PROFESSIONAL Certification Request:	Training Requirements	FEES
UNARMED Professional	14 hour UNARMED Basic Classroom/Exam (Attach PS-6)	\$65
ALARM MONITOR Professional	12 hour ALARM MONITOR Basic Classroom/Exam (Attach PS-6)	\$65
ARMED Professional (Includes Unarmed Professional)	14 hour UNARMED Basic Classroom/Exam (Attach PS-6); and 24 hour FIREARM Basic Course (Attach PS-6)	\$65
INSTRUCTOR Certification Request:	Training Requirements	FEES
	Each applicant for instructor certification must provide proof of 3 years work experience in private security, law enforcement, or military police	
UNARMED Instructor	14 hour UNARMED Basic Classroom/Exam (Attach PS-6); and UNARMED Private Security Instructor Course/Exam	\$90
ALARM Monitor Instructor	12 hour ALARM MONITOR Basic Classroom/Exam (Attach PS-6); and ALARM MONITOR Private Security Instructor Course/Exam	\$90
FIREARMS Instructor	14 hour UNARMED Basic Classroom/Exam (Attach PS-6); 24 hour Basic FIREARMS Course (Attach PS-6); Proof of completion of training from an approved source within five (5) years of the date of application (OAR 259-060-0135); and FIREARMS Private Security Instructor Course/Exam	\$158 Price includes a \$68 range fee
MANAGER Licensure Request:	Additional Requirements	FEES
	~ Includes professional certification at no extra charge ~ (Indicate professional certification in Section 1 of this application)	
SUPERVISORY Manager	Basic Classroom/Exam for Professional Certification (Attach PS-6); and Manager Course/Exam	\$75
EXECUTIVE Manager	Basic Classroom/Exam for Professional Certification (Attach PS-6); and Manager Course/Exam	\$250
A CRIMINAL HISTORY BACKGROUND FEE IS REQUIRED FOR ALL NEW APPLICANTS		FEES
CRIMINAL HISTORY BACKGROUND FEE	All new applicants	\$40
~ Must currently hold a certification or licensure for options listed below ~ Fingerprints are not required if upgrading or adding certification or licensure		
UPGRADE Request:	Additional Requirements	FEE
	PS-23 – Change of Information form	
ARMED Professional	24 hour Basic FIREARMS Course (Attach PS-6)	\$20
ADDING Instructor Certification:	Pre-requisite/Training Requirements	FEES
	Each applicant for instructor certification must provide proof of 3 years work experience in private security, law enforcement, or military police	
UNARMED Instructor	UNARMED Private Security Instructor Course/Exam	\$90
ALARM Monitor Instructor	ALARM MONITOR Private Security Instructor Course/Exam	\$90
FIREARMS Instructor	Submit proof of training from an approved source (OAR 259-060-0135); completion must be within the five (5) years prior of the date of application; and FIREARMS Private Security Instructor Course/Exam	\$158 Price includes a \$68 range fee
ADDING Manager Licensure:	Training Requirements	FEES
SUPERVISORY Manager	Manager Course/Exam	\$75
EXECUTIVE Manager	Manager Course/Exam	\$250
ADDING Professional Certification:	Training Requirements	FEES
UNARMED Professional	14 hour UNARMED Basic Classroom/Exam (Attach PS-6)	\$65
ALARM MONITOR Professional	12 hour ALARM MONITOR Basic Classroom/Exam (Attach PS-6)	\$65
ARMED Professional (Includes Unarmed Professional)	14 hour UNARMED Basic Classroom/Exam (Attach PS-6); and 24 hour FIREARM Basic Course (Attach PS-6) PS-23 – Change of Information form	\$65



PS-1 Application for Certification or Licensure

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>

1

Please indicate the certification and/or licensure you are applying for below:

PROFESSIONAL CERTIFICATION		
<input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed/Unarmed	<input type="checkbox"/> Alarm Monitor
MANAGER LICENSURE		
<input type="checkbox"/> Supervisory	<input type="checkbox"/> Executive	
If you are also applying for a Professional Certification – Please indicate the type of Professional Certification above		
INSTRUCTOR CERTIFICATION		
<input type="checkbox"/> Unarmed	<input type="checkbox"/> Firearms	<input type="checkbox"/> Alarm Monitor

2

General Information

PLEASE TYPE OR PRINT CLEARLY

First Name:	Middle Initial:	Last Name:	Suffix:
*Social Security Number:		Driver's License Number:	State:
Previous Name(s):			
Race (Optional): <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American		Gender:	Date of Birth:
Your email will now be used as our form of communication for all correspondences regarding your application process. Additionally, please check yes <input type="checkbox"/> if you would like to be added to our email messaging system regarding other updates to the private security program.			
E-mail Address:			
Home Phone:	Work Phone:	Cell Phone:	
Mailing Address:			
City:	State:	Zip Code:	County:
Residence Address (If different):			
City:	State:	Zip Code:	County:

*You are required to provide their Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC 405(c)(2)(C)(i) and 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of license or certificate.

3

Education & Certification History

PLEASE CHECK ALL THAT APPLY & TYPE OR PRINT CLEARLY

Applicants for certification or licensure must have earned one of the following:

- High School Diploma GED 2 or 4 Year Degree*

*Issued by an accredited degree-granting college or university recognized by the Oregon Office of Degree Authorization [ORS 348.594(2)]

Have you ever applied for or been certified as a private security provider in Oregon?

- NO YES - PSID#: _____

4 Training Request Complete this section ONLY if applying for instructor certification or manager licensure

DPSST Instructor/Manager Training Date Request

1st Choice:

2nd Choice:

For class availability please visit the Training Calendar on the DPSST website: www.oregon.gov/DPSST/PS
Please note: Class materials will be sent to your email address no later than one week before class date.

5 Private Security Employment

PLEASE TYPE OR PRINT CLEARLY

- 1) Are you currently employed as a Private Security Provider? YES NO
 - 2) Will you be providing private security services, prior to the issuance of your card? YES NO
- If YES to #2, your employer must include a PS-20 signed by your private security manager.**

Current Employer (Name & Address): _____
Job Title _____

Current Employer (Name & Address): _____
Job Title _____
(please list additional employers on a separate sheet)

6 Moral Fitness

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.

To view the criminal disqualifier listing please visit the following website: www.oregon.gov/dpsst/PS/docs/PSDisquals.2014.pdf

- 1) Has a certification or license in any other occupation or professional capacity issued in your name in any state or by the federal government ever been refused, suspended, revoked or restricted OR have you ever voluntarily relinquished a certification/license?
 YES NO **If yes, attach an explanation and provide date, location, and nature of offense.**
- 2) Have you ever been convicted of, arrested OR is there any action pending against you for any criminal offense?
 YES NO **If yes, attach an explanation and provide date, location, and nature of offense.**
- 3) Have you ever been investigated, required to appear before or been sanctioned by any professional body or federal or state agency for alleged misconduct – including DPSST?
 YES NO **If yes, attach an explanation and provide date, location, and nature of offense.**

7 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: _____

8 CASHIERS/BUSINESS CHECK OR MONEY ORDER - Payable to: DPSST

~ Cash/Personal checks will NOT be accepted ~

MAIL TO:

Department of Safety Standards & Training
Private Security Certification & Licensing
4190 Aumsville Hwy SE
Salem, Oregon 97317

CREDIT OR DEBIT CARD PAYMENT

Credit Card Authorization Form:

<http://www.oregon.gov/dpsst/PS/docs/CreditCardAuthorization.pdf>

Print, complete & mail with all other application materials
Or

Fax payment form to:
(503) 373-1449

Please note: DPSST cannot accept emailed credit card authorization forms



PS-27

Private Security Provider Code of Ethics

I swear or affirm that as a Private Security Provider, my fundamental duty is to protect the interest of my employer, client and/or industry. As a private security provider I recognize that I am bound to the core values specific to my discipline.

I acknowledge that Honesty is a core value that includes integrity, credibility, acting honorably and maintaining confidences. I acknowledge that a lack of honesty includes untruthfulness, dishonesty by admission or omission, deception, misrepresentation or falsification, and from these I will abstain.

I acknowledge that Good Character is a core value that includes being respectful and courteous, being faithful, diligent and loyal to the employer's charge, and using discretion, demonstrating compassion, and exhibiting courage.

I acknowledge that Fair Treatment of Others is a core value that includes treating others equitably, exercising good judgment and not being discriminatory against others.

I acknowledge that Public Trust is a core value which includes maintaining the public confidence by being law abiding and adhering to recognized private security industry standards.

I acknowledge that Respect for the Laws of this State and Nation is a core value.

I will constantly strive to maintain these core values, dedicating myself to my chosen profession.

Signature

Date

Printed Name

PSID Number or if new enter N/A