Alarm and Unarmed Private Security Instructor Professional Training Exemption
DPSST, Private Security/Investigator Program
4190 Aumsville Hwy SE Salem, OR 97317
Ph. (503) 378-8531 http://www.oregon.gov/DPSST/PS/

In order to process without delay, please print legibly.

Name _______________________________ PSID# _______________________________

Email ________________________________

By signing, I do hereby swear or affirm, under penalty of perjury, that all the information listed below is complete and accurate and that I did in fact instruct for the number of hours indicated.

Signature: ____________________________________________

- Currently certified alarm monitor private security instructors who are also certified as an alarm monitor private security professional are exempt from the required alarm monitor private security professional renewal training if they have documented a minimum of 24 hours delivering any combination of the alarm monitor basic course or the alarm monitor renewal course during the current certification period.

- Currently certified unarmed private security instructors who are also certified as an unarmed private security professional are exempt from the required unarmed private security professional renewal training if they have documented a minimum of 28 hours delivering any combination of the unarmed basic course or the unarmed renewal course during the current certification period.

- List below student names, PSID# (if available), date, hours and course provided.

1. Student Name/PSID# _______________________________________________________
   Date __________ Course ___________________________ Hours ___________

2. Student Name/PSID# _______________________________________________________
   Date __________ Course ___________________________ Hours ___________

3. Student Name/PSID# _______________________________________________________
   Date __________ Course ___________________________ Hours ___________

4. Student Name/PSID# _______________________________________________________
   Date __________ Course ___________________________ Hours ___________

5. Student Name/PSID# _______________________________________________________
   Date __________ Course ___________________________ Hours ___________

6. Student Name/PSID# _______________________________________________________
   Date __________ Course ___________________________ Hours ___________

For additional teaching information use a separate form.