

Application for Private Security Entity Licensure

Department of Public Safety Standards and Training (DPSST)
Private Security Entity Licensing Program
4190 Aumsville Hwy, Salem Oregon 97317

Phone: 503-378-8531

E-mail: PSE@dpsst.oregon.gov

Website: <http://www.oregon.gov/dpsst/pntity>



☐ NEW

☐ RENEWAL

ENTITY REPRESENTATIVE INFORMATION

| | | | | | |
|-----------------|--|---------------|--|-----------------------|--|
| Name: | | | | Date of Birth: | |
| Role: | <input type="checkbox"/> Principal Owner <input type="checkbox"/> Principal Partner <input type="checkbox"/> Qualified Designee of the Principal Owner or Principal Partner | | | | |
| Address: | | | | | |
| City: | | State: | | Zip: | |
| Email: | | | | Phone: | |

ENTITY INFORMATION

☐ No Change (for renewals only, please include Entity Business Name / DBA)

| | | | | | |
|---|--|--|--|-------------|--|
| Business Name / DBA: | | | | | |
| Federal Employer ID Number (FEIN) #: | | | | | |
| Oregon Secretary of State Business Registration #: | | | | | |
| Type of private security services provided (check all that apply): | | | | | |
| <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed <input type="checkbox"/> Alarm Monitor <input type="checkbox"/> Event & Entertainment | | | | | |
| Entity Mailing Address: | | | | | |
| City: | | State: | | Zip: | |
| Entity Physical Address: | | | | | |
| City: | | State: | | Zip: | |
| Business Phone: | | Email: | | | |
| Fax: | | Website: | | | |
| Designated Executive Manager: | | | | | |
| EM PSID #: | | Number of Private Security Employees: | | | |

- ☐ Entity Physical Address is the only location where private security services are provided.
☐ Entity does not contract or subcontract with any private security entities.

FINANCIAL INTEREST IN THE ENTITY

☐ No Change (for renewals only)

List below the names and addresses of all persons financially interested in the operations of the private security entity. "Financially interested" means any ownership interest in the private security entity that is greater than or equal to 5% of the entity. This includes but is not limited to partners, shareholders, associates, or profit-sharers, in the applicant's proposed operations as a private security entity. List the amount (%) of their respective interests. Please attach an additional page when needed.

| Name | Business Address | | | | | | Type/Percentage of Interest |
|------|------------------|--|--------|--|------|--|-----------------------------|
| | | | | | | | |
| | City: | | State: | | Zip: | | % |
| | | | | | | | |
| | City: | | State: | | Zip: | | % |
| | | | | | | | |
| | City: | | State: | | Zip: | | % |
| | | | | | | | |
| | City: | | State: | | Zip: | | % |

No individuals meet the definition of "Financially Interested" due to:

☐ Entity does not have any individuals with ownership interest (non-profit, public body, etc.)

☐ All ownership interest is less than 5%

Have you or any other person who is financially interested in the operations of the private security entity (as provided in the section above) had a Private Security Provider certification or license, or a Private Security Entity license been denied, suspended, revoked, or the subject of an investigation relating to either certification or license in the past three (3) years?

☐ Yes - Provide the information on the following page. Attach additional pages as needed.

☐ No

| | | | |
|--------------------------|---|----------------------------|--|
| Name: | | PSID #: | |
| License Affected: | <input type="checkbox"/> Provider <input type="checkbox"/> Entity | Date of occurrence: | |
| Entity Name: | | Entity #: | |
| Name: | | PSID #: | |
| License Affected: | <input type="checkbox"/> Provider <input type="checkbox"/> Entity | Date of occurrence: | |
| Entity Name: | | Entity #: | |

To the best of your knowledge, have any claims been made against the applicant for unpaid wages within the preceding two (2) years? If yes, please state, to the best of your knowledge, how many and attach details or information currently available to the applicant. You may be contacted if further documentation is needed.

☐ Yes - How many claims? _____

☐ No

ATTACHMENTS REQUIRED

1. Proof of general liability insurance that lists the applicant as primary insured, includes public liability, personal injury, and property damage coverage, and covers a minimum of \$1,000,000 per occurrence / \$2,000,000 aggregate.
2. Compliance with business tax requirements:
 - a. Oregon Department of Revenue Tax Compliance Certification; or
 - b. Statement from applicant that, as a new business, entity has not filed taxes to date.
3. Entity Licensing Exam certificate of completion.
4. Proof of financial ability to promptly pay wages of employees:
 - a. Corporate Surety Bond;
 - b. Irrevocable letter of credit; or
 - c. Cash deposit or deposit the equivalent of cash, including Trust Agreement.
5. A list containing:
 - a. the physical address of the work location or locations at which private security services are provided by private security professionals employed or contracted with the applicant; and
 - b. the names of the private security entity or entities contracted or subcontracted with the applicant.

ATTESTATIONS

By initialing each section and signing below, I certify that the entity complies with the below listed requirements and will make all records related available to the DPSST upon request:

1. _____ The applicant/licensee has a policy regarding the Use of Force, and a policy regarding Citizen's Arrest (these policies are not required for companies that only monitor alarms).
2. _____ When providing armed private security services, the applicant/licensee will only employ certified armed private security professionals who have received the required DPSST training, and have qualified on the specific make, model, and caliber of firearms they possess or have access to while providing armed private security services.
3. _____ The applicant/licensee will only contract or subcontract with licensed Private Security Entities.
4. _____ All employees are provided with the following:
 1. Statement of Rights and Remedies.
 2. Statement of Terms and Conditions of Employment.
 3. Statement of Earnings.
5. _____ All private security employees are provided with the Professional Workplace Training Course in accordance with ORS 181A.908.

SIGNATURE OF ENTITY REPRESENTATIVE

The information in this application is true and correct to the best of my knowledge. I understand that falsifying any documents submitted to DPSST may be cause for denial, refusal to renew, suspension, or revocation of licensure under Oregon Administrative Rule (OAR) 259-059-0410 through 0450 and subject to a civil penalty under OAR 259-059-0400. I further understand that DPSST will use the information provided in this application to investigate and verify the applicant's or licensee's character, competence, and reliability, as outlined in ORS 181A.902 and OAR 259-059-0080.

| | | | |
|-------------------|--|--------------|--|
| Signature: | | 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 as entered above.

NOTICE OF PUBLIC RECORDS SUBJECT TO PUBLIC INSPECTION

Under the Oregon Public Records Law, this application is considered a public record and is subject to public inspection.