Private Security Entity

Professional Workplace Training for Private Security Providers

Entity Name: PSE ID#:			
The DPSST/BOLI P	Professional Workplace Training Course was con	mpleted under the direction	on of:
Facilitator:			
Phone:	Email:		
Mailing Address:			
PSID or 'New'	Private Security Provider Name	Date of Training	Date of Hire
	ed to maintain the training records required under the additional forms if more space is needed.	er Oregon Administrative	Rules (OAR)
	te security providers listed on this form completely OAR 259-059-0150.	ed the Professional Work	place Training
Professional Workpla	ace Training Facilitator:		
Signature:	Date:		