



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 (OAR 259-060-0020), procedures (OAR 259-060-0025) or general questions please refer to our website at <http://www.oregon.gov/dpsst/ps>. You may also contact our office through email at security.investigators@state.or.us or by calling our office at: (503)378-8531.

Important information for all applicants

1) 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 your 'Confirmation Page' with your PS-1 upon submission to DPSST.**

2) 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

3) 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

4) 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. [OAR 259-060-0060].

5) For a class calendar for training provided by DPSST to managers and instructors, please refer to the following link: <http://www.oregon.gov/dpsst/PS/docs/PSManagerInstClassSchedule.pdf>

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

7) 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 persons providing armed private security services. [OAR 259-060-0025]

8) Code of Ethics (PS-27) form, 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.

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

10) 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.

11) Pursuant to OAR 259-060-0500 payments to the Department are non-refundable and non-transferable.

12) 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
CRIMINAL HISTORY BACKGROUND FEE	If applying for: Unarmed, Armed/Unarmed, Alarm Monitor Certification → → → →	+\$41.75 OR
	If ONLY applying for: Instructor Certification or Manager Licensure → → → → → → → → → → → →	+\$42.75
TOTAL FEES DUE:		
~ 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	• 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
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)	PS-23 – Change of Information form • 14 hour UNARMED Basic Classroom/Exam (Attach PS-6); and • 24 hour FIREARM Basic Course (Attach PS-6)	\$65
TOTAL FEES DUE:		



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: security.investigators@state.or.us Website: <http://www.oregon.gov/dpsst/ps>

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

PROFESSIONAL CERTIFICATION

☐ Unarmed

☐ Armed/Unarmed

☐ Alarm Monitor

MANAGER LICENSURE

☐ Supervisory

☐ Executive

If you are also applying for a Professional Certification – Please indicate the type of Professional Certification above

INSTRUCTOR CERTIFICATION

☐ Unarmed

☐ Firearms

☐ Alarm Monitor

2

General Information

PLEASE TYPE OR PRINT CLEARLY

Per OAR 259-060-0015 ~ 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).

First Name:	Middle Initial:	Last Name:	Suffix:
*Social Security Number:		Driver's License Number/State:	
Previous Name(s):			
Race (Optional):	<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American
Gender:	Date of Birth:	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:

* Applicants are required to provide their Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). The SSN is used to obtain criminal background information, for child support enforcement and tax administration (including identification) purposes only. The SSN remains on file at DPSST.

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Education & Certification History

PLEASE **CHECK** ALL THAT APPLY & TYPE OR PRINT CLEARLY

Per OAR 259-060-0020 ~ 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**5****Employment**

PLEASE TYPE OR PRINT CLEARLY

Are you currently employed as a Private Security Provider? ☐ YES ☐ NOCurrent Employer (Name & Address): _____ Business ID#: _____
(if known)Current Employer (Name & Address): _____ Business ID#: _____
(if known)Current Employer (Name & Address): _____ Business ID#: _____
(please list additional employers on a separate sheet) (if known)**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