| CHANGE OF NAME, ADDRESS OR PHONE NUMBER CHANGE OF EMPLOYER (Company Name) REQUEST FOR REPLACEMENT CARD (Lost or Stolen) REQUEST FOR UPGRADE (Unarmed to Armed) DPSST, Private Security/Investigator Program , 4190 Aumsville Hwy SE Salem, OR 97317 Ph. (503) 378-8531 Fax (503) 378-4600 | | |
|--|--|--------------------------------------|
| | | |
| DOB SSN | | |
| CHANGE OF ADDRESS AND/OR TELEP | HONE | NO FEE REQUIRED |
| New Mailing Address City | ZIP | Phone |
| CHANGE OF EMPLOYMENT | | NO FEE REQUIRED |
| Old Employer New Employer | Effective Date | |
| NAME CHANGE | | Enclose \$20.00 fee |
| No personal checks or cash – send | - | |
| Former Legal Name Current Legal Name Reason for Name Change: ☐ Ma | | Legal Name Change |
| REPLACEMENT OF CERTIFICATION LIC | CENSE OR PERMIT | Enclose \$20.00 fee |
| No personal checks or cash – send | | or approved business check. |
| My card was stolen. Category: Unarmed Officer Una Provisional PI Private Investigator | armed Instructor | |
| | | |
| REQUEST FOR UPGRADE FROM UNAR No personal checks or cash – send I am enclosing a PS-1 application, when an upgrade fee of \$20 is paid prefer to be issued new certificatio | d money order, cashier's check of PS-6 training form and fee with th your expiration date does not c | nis request. change. If you would |
| training over again. **CARRY A COPY OF THIS FORM ON YOUR PERSON WHEN WORKING, UNTIL PERMIT IS RECEIVED. | | |

CHANGE OF INFORMATION FORM

PS-23