

# PS-21



## APPLICATION FOR RENEWAL OF PRIVATE SECURITY CERTIFICATION/LICENSURE

Department of Public Safety Standards and Training, Private Security Section  
4190 Aumsville Hwy SE Salem, OR 97317 Ph. (503) 378-8531 Fax (503) 378-4600

NAME \_\_\_\_\_ DOB \_\_\_\_\_ PS ID NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

SSN \_\_\_\_\_ EMPLOYER \_\_\_\_\_

_____ Unarmed Officer	\$50	_____ Executive Manager	\$250
_____ Unarmed Instructor	\$80	_____ Supervisory Manager	\$50
_____ Armed Officer	\$50	_____ Alarm Monitor	\$50
_____ Armed Instructor	\$80	_____ Alarm Monitor Instructor	\$80
_____ Late Fee	\$25	*If your current certification will have expired prior to the processing and receiving of your new card you are subject to must pay the late fee. Pursuant to OAR 259-060-0500(7)	

Carefully read statements 1 through 5 below. Choose which statements apply to you by signing your name in the blank space provided. If a statement does not apply, fill in the blank space with an N/A for "not applicable". If statements 2, 3 or 5 apply to you, also provide the additional information requested.

1) I (name) \_\_\_\_\_, swear and/or affirm, since my last valid application with DPSST, I have not been convicted of any crime in this state or any other jurisdiction.

2) I (name) \_\_\_\_\_, swear and/or affirm, since my last valid application with DPSST, the crimes listed below are a full disclosure of any convictions that occurred since my last valid application. (If available attach copies of police reports and court documents, use additional pages if necessary.)

Charge \_\_\_\_\_ Court \_\_\_\_\_

Date \_\_\_\_\_ State/Country \_\_\_\_\_

3) If you have any pending criminal charges at this time, please provide the relevant information below.

Charge \_\_\_\_\_ Court \_\_\_\_\_

Date \_\_\_\_\_ State/Country \_\_\_\_\_

If applying for renewal of armed security officer or armed instructor, answer the questions below.

4) I, (name) \_\_\_\_\_, completed the mandatory Annual Firearms Marksmanship Requalification. Pursuant to OAR 259-060-0085.

5) I, (name) \_\_\_\_\_, swear and/or affirm I have never been committed to the Mental Health and Developmental Disability Services Division, or the equivalent, in this or any other state.

6) I, (name) \_\_\_\_\_, have had my right to purchase or possess a firearm revoked/prohibited. Date \_\_\_\_\_ State \_\_\_\_\_

**This a two sided document**

**Read, Initial, and Sign the following sworn oath**

I hereby declare under oath and penalty of perjury that, to the best of my knowledge, all information contained in this application is true and correct. I understand that any misrepresentation is sufficient cause for denial or revocation of a license or certificate. **Initial** \_\_\_\_\_

I authorize DPSST to release to any law enforcement agency, employer or prospective employer any information held by DPSST concerning my application. I understand that DPSST may also be required to release information from my file to other persons, pursuant to the provisions of the Oregon Public Records Law. **Initial** \_\_\_\_\_

I hereby authorize the release of medical and psychological information directly or indirectly related to my emotional and/or mental fitness to the Department, or its designee. I understand this information will be used to determine my fitness for duty as an armed security services provider. I understand the release of information shall include physicians, psychotherapists, hospitals or any other source necessary to determine my emotional or mental fitness for certification. I hold harmless those persons or entities disclosing the information. **Initial** \_\_\_\_\_

I hereby declare under oath and under penalty of perjury, I have read each of the paragraphs written above as indicated by my initials. I understand and agree to the terms and conditions as described.

**Applicant Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

\* You are required to provide your 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) and OAR 259-060-0120(10). Failure to provide your SSN will be basis to refuse issuance of a license or certificate. The record of your SSN will be used to obtain criminal background information, and for child support enforcement and tax administration (including identification) purposes only. Your SSN will remain on file with DPSST.