

# PS-1 Application

Applicant Name: \_\_\_\_\_



**Department of Public Safety Standards and Training, Private Security & Investigator Program** 4190 Aumsville Hwy SE, Salem, OR 97317 Ph #. (503) 378-8531 FAX (503) 373-4600

## PRIVATE SECURITY CERTIFICATIONS/LICENSES

1.  **UNARMED PRIVATE SECURITY PROFESSIONAL** - Must be at least 18 years of age  
Criminal History Fingerprint Fee - \$50.00, Certification (2 yr.) fee - \$50.00 = **\$100.00**
2.  **ARMED/UNARMED PRIVATE SECURITY PROFESSIONAL** - Must be at least 21 years of age  
Criminal History Fingerprint Fee - \$50.00, Certification (2 yr.) fee - \$50.00 = **\$100.00**
3.  **ALARM MONITOR PROFESSIONAL** – Primary responsibility is monitoring alarms.  
Criminal History Fingerprint Fee - \$50.00, Certification (2 yr.) fee - \$50.00 = **\$100.00**
4.  **SUPERVISORY MANAGER** – Has a primary responsibility of supervising certified officers.  
Criminal History Fingerprint Fee - \$50.00, Certification (2 yr.) fee - \$50.00 = **\$100.00**
5.  **CERTIFIED PRIVATE SECURITY INSTRUCTORS** - \*\*  
Criminal History Fingerprint Fee - \$50.00, Certification (2 yr.) fee - \$80.00 = **\$130.00**  
**\* SPECIFIC TRAINING IS REQUIRED FOR INSTRUCTOR**
6.  **EXECUTIVE MANAGER** –  
Criminal History Fingerprint Fee - \$50.00, Certification (2 yr.) fee - \$250.00 = **\$300.00**

### \*\*Additional Requirements for Private Security Instructors

#### Private Security Instructors

All private security instructors please submit a resume with your application materials. Your resume must clearly show your education, work experience, and qualifications.

If applying for a private security firearms instructor certification you must hold and provide proof of current certification from the NRA (Law Enforcement Instructor Development School), FBI (firearms instructor), FLETC (firearms instructor), Washington State Criminal Justice Fire Arms Instructor Course or DPSST (certified firearms instructor course).

## INVESTIGATORS LICENSES

7.  **PRIVATE INVESTIGATOR\*\***                      **Application fee \$79\*, License Fee \$550**
8.  **PROVISIONAL INVESTIGATOR**                      **Application fee \$79\*, License Fee \$550**
9.  **TEMPORARY INVESTIGATOR**                      **License fee \$125**
10.  **INACTIVE INVESTIGATOR**                      **Application fee \$50**

**\* Original application fee covers the criminal background check and exam.**

Applicants for licensure as a private investigator must submit two passport sized photos for their photo identification card. The pictures submitted should be no larger than 2" x 3".  
(Passport photos can be obtained at local retailers.)

Your head must fit this space. Please attach photos in an envelope here.

### \*\*Additional Requirements for Private Investigators

#### Private Investigators

If applying for an investigators license you must clearly show you have 1500 hours of education and/or experience. It is necessary to submit a resume with your application materials. Your resume must clearly show your education, work experience, and qualifications. Original bond or letter of credit must be provided and must list the application as principal or certificate of insurance must be submitted. In addition to the certificate, if the investigator is covered under the employer's insurance policy, your employer must submit a letter verifying that you are covered.

## Information and Special Instructions

**Tips For Completing Your Application** – The Application must be completely filled out, remember to read each section carefully. Do not leave blank spaces. If a question or statement does not pertain to you, fill in the blank space provided with an N/A for “not applicable”. If you have questions about the certification process please visit our website [www.dpsst.state.or.us](http://www.dpsst.state.or.us) for general information or call us at 503 378-8531.

- **Did you include your fee, resume, bond info?** All required materials and fees must be included for your application to be processed. Requirements vary between disciplines and depend on the license or certificate sought. Contact DPSST if you have any questions.
- **Personal Information:** You must provide us with a current home and business address. If we are unable to contact you by mail, your application for certification may be terminated.
- When filling in your residence and employment history, be sure to cover the full 10 year period back from today’s date, even if you were living with your parents or unemployed.
- **Personal References:** Your three personal references must include phone and addresses.
- **Criminal History Declarations:** You must accurately and completely disclose your entire conviction history in section 6. This includes all felonies, and/or misdemeanor crimes you have been convicted of. If you fail to disclose a conviction, your application may be **disqualified and you may be subject to Civil Penalty**. Be aware that some traffic offenses may be classified as misdemeanors/felonies, for example, “Reckless Driving”, “Driving Under the Influence of Intoxicants”, and “Driving While Suspended”. If you are not sure, you should list the offense. Be certain to list date and location for each conviction. If you have history that you believe should have been “expunged” or removed from your record, but you do not **know** (proof in hand) that it was expunged or removed, you should verify your belief prior to applying. A crime is not removed from your record until you go through the formal process to have it removed. Believing a conviction was removed, or forgetting a conviction existed, is not a valid defense and your application for certification or licensure could be denied, based on failure to disclose the crime. If you have any questions or are unsure about your criminal past, you should research the issues for yourself prior to applying.
- **Signing your application:** You must sign or initial all applicable areas of the application. The final signature line must be signed and dated in front of a notary.

## Application Process Information

**Deficiency letters** – Notify you of a deficiency in the application or other required material. If you receive a deficiency letter, respond immediately. If you do not correct the deficiency in the timeline allowed, your application will be administratively terminated pursuant to Oregon law, and you must then reapply to receive your certification/license.

**Termination letters** – If you receive a letter notifying you that your application has been terminated, you cannot continue to provide services, to do so would be unlawful.

**Fingerprint processing** – To process your criminal background check you must submit two fingerprint cards: printed, filled out, signed and sealed in an evidence bag. DPSST does not control rejected prints. The best way to avoid rejections is to have your prints rolled by a skilled technician. Many applicants have their local law enforcement agency roll or scan their prints.

**Temporary work permit** – If you are currently employed as a security provider, or investigator, and your application is in process, but you are not yet certified, your licensed employer can issue you a temporary certification/license. This certification/license will allow you to perform services for up to 120 days while your application processes. Licenses from Out-of-State, who are seeking temporary licensure in Oregon, must provide a separate application available through DPSST. **There is no temporary work provision for applicants for armed certification.**

**SECTION 1 - INSTRUCTIONS**

1. Complete the application fully. Do not leave any sections blank. If the question or statement does not apply to you please put an "N/A" in the space for not applicable. Incomplete applications could cause delays in processing. Sign your application in front of a Notary Public.
2. Pay required fees with cashier's check, business check or money order made payable to DPSST. Personal checks and cash are not accepted. All fees are **non-refundable** and must accompany the application.
3. Mail application and any other required materials along with the fees to the address listed above.
4. If adding a classification, complete Sec. 2, 1-14 only, Sec. 6; have notarized. If upgrading from unarmed to armed officer also attach a PS-23.

**SECTION 2 – PERSONAL INFORMATION**

1. Name \_\_\_\_\_ 2. Alias Name(s) \_\_\_\_\_  
                    Last                      First                      Middle
3. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
4. E Mail Address \_\_\_\_\_ 5. Date of Birth \_\_\_\_\_
6. Home phone \_\_\_\_\_ 7. Work phone \_\_\_\_\_ 8. SSN \* \_\_\_\_\_
9. Gender \_\_ M \_\_ F 10. Height \_\_\_\_\_ 11. Weight \_\_\_\_\_ U.S. citizen Yes  No
12. Race (Circle one) A (Asian) B (African-American) H (Hispanic) I (Native American) W (Caucasian)
13. Natural eye color (Circle one) BRO BLK GRY BLU HAZ GRN Other \_\_\_\_\_
14. Natural hair color (Circle one) BRO BLK GRY BLN RED WHI Other \_\_\_\_\_
15. Driver's License Number and State \_\_\_\_\_ / \_\_\_\_ 16. Expires \_\_\_\_\_
17. City/State of birth \_\_\_\_\_ 18. Country of birth (if not U.S.) \_\_\_\_\_
19. Have you had a driver's license in another state? No \_\_\_\_ Yes \_\_\_\_ (State) \_\_\_\_\_ (Year/s)

**SECTION 3 - CHARACTER REFERENCES - Fully list three names, addresses, phone numbers of three people you have known for at least 5 years – Your references cannot be related by blood or marriage.**

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
2. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
3. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

\* 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.



**SECTION 6 – AFFIRMATION OF CRIMINAL HISTORY**

**Prior to filling out this section, read the special instructions section of this application. PLEASE CALL IF YOU HAVE ANY QUESTIONS REGARDING WHETHER OR NOT YOUR CRIMINAL HISTORY OR CONVICTION(S) WOULD DISQUALIFY YOU FROM CERTIFICATION/LICENSURE. Your application fee cannot be refunded if you are denied. Equivalent convictions from places other than Oregon will carry the same period of disqualification. You must disclose your entire criminal history below. Attach additional pages if necessary.**

Carefully read statements 1 through 6 below. Choose which statements apply to you by signing your name in the blank space provided. If a statement does not apply to you, fill in the blank space with an N/A for “not applicable”. If statements 2, 4 or 6 apply to you, also provide the additional information requested, add additional sheets if necessary.

- 1) I, (name) \_\_\_\_\_, swear and/or affirm that I have never in my lifetime been convicted of any crime in this state or any other jurisdiction.
  
- 2) I, (name) \_\_\_\_\_, swear and/or affirm that throughout my lifetime I have been convicted of the below listed crime(s) and no others. (If available attach copies of police reports and court documents. A crime is any offense at or above a misdemeanor (see instructions).

Charge \_\_\_\_\_ Court \_\_\_\_\_ Date \_\_\_\_\_ State/Country \_\_\_\_\_

Charge \_\_\_\_\_ Court \_\_\_\_\_ Date \_\_\_\_\_ State/Country \_\_\_\_\_

Charge \_\_\_\_\_ Court \_\_\_\_\_ Date \_\_\_\_\_ State/Country \_\_\_\_\_

- 3) I, (name) \_\_\_\_\_, swear and/or affirm I am not required to register as a sex offender in this state or any other.
  
- 4) I, (name) \_\_\_\_\_, am required to register as a sex offender in the State of \_\_\_\_\_, for the crime of \_\_\_\_\_.

**FAILURE TO REPORT ALL CRIMINAL CONVICTIONS IS ITSELF A CRIME. IF YOUR CRIMINAL BACKGROUND CHECK SHOWS CONVICTIONS THAT WERE NOT DISCLOSED, YOUR APPLICATION MAY BE TERMINATED BY DPSST, AND YOU MAY BE SUBJECT TO CIVIL PENALTY.**

If applying for armed security officer or armed instructor, choose from and complete the following statements:

- 5) I, (name) \_\_\_\_\_, swear and/or affirm I have never been committed to the Mental Health and Developmental Disability Services Division under ORS 426.130, 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 \_\_\_\_\_. Reason \_\_\_\_\_

**Pursuant to ORS 703.425(3) all applicants for licensure as a private investigator must disclose any acts or crimes constituting grounds for a denial under ORS 703.465 which includes any violation of the requirements of conduct as defined in ORS 703.450.**

**Carefully read question 1 through 10 below. Choose which of the statements following the question apply to you by signing your name in the blank space provided. If a statement does not apply to you, fill in the blank space with an N/A for “not applicable”. If your answer is “yes” to any of the statements below, on a separate sheet of paper(s); explain in writing the situation in which the statement was made to be true.**

**(1) Have you ever knowingly made any false report to an employer or client?**

Yes. I, (*name*) \_\_\_\_\_, swear and/or affirm that I have knowingly made a false report to an employer or client.

No. I, (*name*) \_\_\_\_\_, swear and/or affirm that I have not knowingly made a false report to an employer or client.

**(2) Have you ever committed fraud or deceit toward a client or employer?**

Yes. I, (*name*) \_\_\_\_\_, swear and/or affirm that I have committed fraud or deceit toward a client or employer.

No. I, (*name*) \_\_\_\_\_, swear and/or affirm that I have never committed fraud or deceit toward a client or employer.

**(3) Have you ever knowingly violated a court order or injunction?**

Yes. I, (*name*) \_\_\_\_\_, swear and/or affirm that I have knowingly violated a court order or injunction.

No. I, (*name*) \_\_\_\_\_, swear and/or affirm that I have never knowingly violated a court order or injunction.

**(4) Have you ever committed an act that would reflect adversely on your honesty, integrity, trustworthiness, professionalism or fitness to engage in business as an investigator?**

Yes. I, (*name*) \_\_\_\_\_, swear and/or affirm that I have committed an act or acts that would reflect adversely on my honesty, integrity, trustworthiness, professionalism or fitness to engage in business as an investigator.

No. I, (*name*) \_\_\_\_\_, swear and/or affirm that I have not committed an act or acts that would reflect adversely on my honesty, integrity, trustworthiness, professionalism or fitness to engage in business as an investigator.

**(5) Have you ever submitted false information to the department and/or previous employers?**

Yes. I, *(name)* \_\_\_\_\_, swear and/or affirm that I have submitted false information to the department and/or previous employers.

No. I, *(name)* \_\_\_\_\_, swear and/or affirm that I have never submitted false information to the department and/or previous employers.

**(6) Have you ever been accused of or found to have impeded a compliance investigation?**

Yes. I, *(name)* \_\_\_\_\_, swear and/or affirm that I have been accused of or found to have impeded a compliance investigation.

No. I, *(name)* \_\_\_\_\_, swear and/or affirm that I have never been accused of or found to have impeded a compliance investigation.

**(7) Have you ever been the subject of a complaint and/or investigation regarding actions you took in your professional career.**

Yes. I, *(name)* \_\_\_\_\_, swear and/or affirm that I have been the subject of a complaint and/or investigation regarding any actions I took in my professional career.

No. I, *(name)* \_\_\_\_\_, swear and/or affirm that I have never been the subject of a complaint and/or investigation regarding and actions I took in my professional.

**(8) Have you ever been the subject of a lawsuit, arbitration, mediation, or disciplinary action regarding your investigative activities?**

Yes. I, *(name)* \_\_\_\_\_, swear and/or affirm that I subject of a lawsuit, arbitration, mediation, or disciplinary action regarding my investigative activities.

No. I, *(name)* \_\_\_\_\_, swear and/or affirm that I have never been the subject of a lawsuit, arbitration, mediation, or disciplinary action regarding my investigative activities.

**(9) Have you ever had a claim filed against your surety bond, credit, or insurance?**

Yes. I, *(name)* \_\_\_\_\_, swear and/or affirm that I have had a claim filed against my surety bond, credit, or insurance.

No. I, *(name)* \_\_\_\_\_, swear and/or affirm that I have never had a claim filed against my surety bond, credit, or insurance.

**(10) Have you ever had any license or certification revoked?**

Yes. I, *(name)* \_\_\_\_\_, swear and/or affirm that I have a license or certification revoked.

No. I, *(name)* \_\_\_\_\_, swear and/or affirm that I have never had a license or certification revoked.

**CERTIFICATION OF ACCURACY, NOTICE TO APPLICANT AND  
AUTHORITY TO RELEASE INFORMATION**

**PLEASE READ INITIAL AND SIGN EACH PARAGRAPH BELOW. (Final signature must be witnessed by a Notary Public.)**

**Oregon Revised Statute 181.991 & 703.993** states: A person commits a Class A Misdemeanor if the person knowingly falsifies information pertinent to an application for a license or certificate.

I hereby authorize any person or organization to provide any information about me to the Department of Public Safety Standards and Training, including criminal history information or any other information about me related to my character or fitness for licensing or certification under ORS 181.870-181.991 or ORS 703.401-703.490. I further authorize DPSST, or an authorized representative of the Board, to release to any law enforcement agency or employer or prospective employer any information held by DPSST concerning my application. I understand that the Board may also be required to release information from my file to other persons, pursuant to Oregon public records law. **Initial** \_\_\_\_\_

I understand and agree that DPSST is required to deny, revoke or suspend certification/licensure if I have been convicted of a disqualifying crime. I understand that falsifying my application or a finding, by the Department, that information provided on the forms submitted in application, or that is contrary to my sworn oath are grounds for denial, revocation or suspension of my certification/licensure, and may subject me to civil penalty and/or prosecution. This includes if my criminal history check shows information contrary to that disclosed, or subsequent criminal, unethical or immoral activity. **Initial** \_\_\_\_\_

I release the Department of Public Safety Standards and Training and its agents from any and all liability and responsibility, damages, and claims of any kind whatsoever arising from actions taken in fulfilling the departments' statutory obligations. **Initial** \_\_\_\_\_

I hereby declare under oath and under penalty of perjury that all information contained in this application is true and correct. 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.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

STATE OF OREGON, County of \_\_\_\_\_) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, \_\_\_\_\_

personally appeared before me and signed the Certification of Accuracy in my presence,  
and I verified the applicant's identity by viewing photo identification.

\_\_\_\_\_  
Signature of Notary Public