

# TEMPORARY WORK PERMIT (120-day)

**NOT VALID FOR ARMED SECURITY APPLICANTS**

# PS-20



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

## APPLICANT PORTION:

To qualify for this Temporary Permit applicants for certification or licensure must complete the required application, training and pay the required fees prior to providing services. This permit is only valid for 120 days from the date signed. It is not transferable and no time extensions are allowed.

Permit/License Holders:

1. I must carry this form with me at all times while performing security or investigative services;
2. I must display this temporary permit to anyone, upon reasonable request.

I understand and agree that a temporary work permit is granted as a privilege. I understand and agree that the Department, in the interest of protecting public safety, has absolute discretion to suspend or revoke the Temporary Work Permit with written notice.

I understand the TEMPORARY WORK PERMIT IS VALID FOR ONLY 120 DAYS, and shall end upon expiration, certification/licensure or notice to the applicant that DPSST has administratively terminated, revoked or suspended my application, under OAR 259-060-0120 or OAR 220-005-0170.

PRINT Legal Full Name

X Signature

\*\* DATE SIGNED \*\*

CHECK ONE OF THE FOLLOWING:

Private Investigator – Temporary License

Executive or Supervisory Manager

Unarmed Private Security Provider

Private Security Alarm Monitor

**\*\*\*NOT VALID FOR ARMED SECURITY APPLICANTS**

DATE ISSUED

DATE EXPIRES

*Add 120 days to the issuance date*

**Permit not valid after expiration date provider cannot work without certification.**

## EMPLOYER/MANAGER PORTION

**Review applicant's criminal history statement, for disqualifying convictions before issuing this temporary permit.**

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

**I SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, that:**

1. I have confirmed the applicant has completed all of the forms in their entirety; and
2. The original of this permit will be attached to the application; and
3. Application packet and fees will be mailed on or before the first day the applicant will perform security services under OAR 259-060-0120 1(b)(D) or OAR 220-005-0225.

X

PRINT NAME

DPSST #

X

Signature

\*\* DATE SIGNED \*\*

Name of Company

Company PS ID #

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