



PS-1 Application for Certification or Licensure

Department of Public Safety Standards and Training / Private Professional Certification and Licensing

Mail application packet to:
 4190 Aumsville Hwy SE, Salem, OR 97317-8983
 E-mail: dpsst.security@dpsst.oregon.gov

Phone: 503-378-8531 / Fax: 503-378-4600
 Website: <http://www.oregon.gov/dpsst/ps>

YOU ARE APPLYING FOR:	CHECK BOX
Alarm Monitor Professional	
Armed/Unarmed Professional	
Event/Entertainment Professional	
Unarmed Professional	
Executive Manager	
Supervisory Manager	
Alarm Monitor Instructor	
Firearms Instructor	
Unarmed Instructor	

Education & Certification History

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)]

Certification History

Have you ever applied for or been certified as a private security provider in Oregon? NO

YES PSID: _____

General Information - PLEASE TYPE OR PRINT

LEGAL NAME			
First:	MI:	Last:	Suffix:
*Social Security Number:		Driver's License Number:	State:
Previous Name(s):			
Gender:	Date of Birth:	Race (Optional): <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American	
E-mail Address: <i>Your email is used as our form of communication for all correspondence regarding your application process.</i>			
Phone – Home:	Work:	Cell:	
Mailing Address:			
City:	State:	Zip Code:	County:
Residence Address (If different):			
City:	State:	Zip Code:	County:

*You are required to provide Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC 405(c)(2)(C)(i) and 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of license or certificate.

Moral Fitness

This section asks about your moral fitness; all applicants must meet moral fitness standards for certification or licensure. Moral fitness is determined through a criminal records check, a department investigation, or other reliable sources. The questions below include questions about your conduct, which could consist of the following: a law violation with no formal charges filed, charges were dropped or charges dismissed, or your personal and professional conduct relating to eligibility for certification or licensure.

- **If you answer YES to any of the questions below, you must attach an explanation and provide date, location, and the nature of offense or conduct.** Your explanation should include the arresting agency name, court and case number, if applicable.
- Any applicant with a juvenile adjudication must provide the Department with official records for the petition and any judgements issued in the adjudication.

Before answering the questions below it is recommended that you review the eligibility guidelines [click here](#) or view on our website at: https://www.oregon.gov/dpsst/PS/Pages/provider_eligibility.aspx

	Yes	No
1. Have you ever engaged in conduct which resulted in a violation of law, been cited, arrested, convicted or adjudicated for an offense punishable as a crime (including felonies, misdemeanors, violations and juvenile offenses) in <u>ANY</u> local, state, federal, military or tribal jurisdiction?		
2. Have you ever engaged in any of the following conduct?		
• Dishonesty or deceit		
• Sexual misconduct		
• Drug related misconduct		
• Destruction of property		
• Illegal use or possession of a deadly weapon		
• Violence, abuse or neglect against a person or animal		
3. Are you required to register as a sex offender or do you have a protective order (restraining, stalking, other) against you? Registration as a sex offender is a mandatory disqualifier.		
4. Have you been investigated, required to appear before or been sanctioned by any professional body or federal or state agency for alleged misconduct – including DPSST?		
5. 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?		
6. Are you currently under investigation for alleged misconduct that may be grounds for denial or revocation of a professional certification or licensure?		
7. Have you ever been notified by DPSST that you have an open case, that is being reviewed by DPSST?		
8. Have you provided private security services before in this state or any other state? If yes, answer Question 8a. and 8b and include which state: _____		
8a. Have you ever engaged in conduct that resulted in a criminal disposition for any violation of criminal law where the conduct occurred while providing private security services?		
8b. Have you ever engaged in conduct while providing private security services that constitutes harassment, stalking, intimidation, bullying, intentional or reckless physical harm or threatening harm of a person or group of people?		

Training Request

Complete this section ONLY if, applying for an instructor certification. Class availability on our Training Calendar.
<https://www.oregon.gov/dpsst/PS/Pages/Training.aspx>

Class date requested: _____

Second date requested: _____

Private Security Employment

1. Are you currently employed as a Private Security Provider? YES NO

2. Will you be providing private security services prior to the issuance of your certification? YES NO
If YES to #2, you must include a PS-20 signed by your employing licensed private security manager.

Current Employer (Name & Address):

(Please list additional employers on a separate sheet)

Job Title _____

3. Are you applying for an executive manager license? YES NO

If YES to #3, you must include a [PS-24 Executive Manager Form](#)

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 through 0380, 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: _____

By checking this box, I understand that I have the option to sign this document manually, but I hereby affirmatively consent to use my electronic signature as provided above.

Non-refundable payment

[Payment amount information](#)

Cashier/Business Check or Money Order – Payable to: DPSST

Personal checks or cash will NOT be accepted

[Credit Card Authorization Form 508c.pdf \(oregon.gov\)](#)

Print, complete & mail with all other application materials or

Fax payment form to: (503) 378-4600.