****THIS FORM MAY BE DUPLICATED ****

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CHANGE OF INFORMATIC		PS-23						
Fax: (503) 378-4600, E-mail: <u>dpsst.security@dpsst.oregon.gov</u>								
Website: www.oregon.gov/DPSST/PS PLEASE PRINT CLEARLY OR TYPE – form not legible will delay the processing.								
REQUIRED INFORMATION:			<u>,</u> ,					
LEGAL NAME			DOB:	F	PSID #			
LEGAL NAMELast name	First name	M.I.						
FORM SUBMITTED BY DATE								
CHANGE OF ADDRESS, TELEPHO	NE AND/OR EMAIL - NO F	EE REQUIRED						
New Mailing Address:				_ Apt #:				
City	State ZIP	C	ontact Phone _					
Please check this box if you are on the 'Instructor list' on our website.								
New Email Address:								
Email is used as the primary communication for all correspondences regarding your certification/license.								
CHANGE OF EMPLOYMENT - NO	FEE REQUIRED							
New Employer	New Employer Start of Employment Date:							
Former Employer		C,	d of Employm	ont Data:				
Former Employer End of Employment Date: 1. Was the employee terminated? YES \Box NO \Box								
2. Was the termination due to a notice received from the Private Security Program? YES 🔲 NO 🗆								
3. Was the termination for a possible violation of the Private Security Services Providers Act? *YES NO \Box								
*If you answer yes to question 3, include supporting documentation regarding the possible violation with this form.								
4. Was the employee listed abov	e the primary contact exec	cutive manager	for the entity?	YES 🗆 N	0 🗆			
 UPGRADING OR ADDING AN ARMED PROFESSIONAL CERTIFICATION – FEE REQUIRED I am a certified unarmed professional and am applying for an UPGRADE to an unarmed/armed professional. I have submitted a \$45 fee, PS-1 application, PS-6 (24-hour armed course), and a PS-23. An upgrade does not change your expiration date. 								
I am a certified unarmed professional and I am applying to ADD an armed professional. I have submitted a \$110 fee, PS-1 application, PS-6 (24-hour armed course), PS-6 (unarmed refresher course), and a PS-23. You will be issued a new two-year certificate.								
Individuals certified as unarmed private security professionals applying to upgrade or add an armed private security certification must carry their valid PSID card, a copy of the PS-6 and this PS-23 while performing private security services until a new certificate is received.								
REPLACEMENT OF CERTIFICATIO	N/LICENSE- \$24 FFF REO	UIRED		524	.00 fee enclosed			
Submit a money order, cashier's che	eck, business check or credit		n form.					
Current Legal Name								
(Attach proof of legal name	e change, i.e. copy of court do	ocument, driver's	license or SSN)					
Replacement certification/license card required due to loss of original. All certified/licensed individuals who request a replacement card must carry a copy of this PS-23 while performing private security services until a replacement certification/license is received								

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