



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 or Federal Individual Tax Identification Number: Driver's License Number: State:

Previous Name(s):

Gender: Date of Birth: Race (Optional): ☐ Caucasian ☐ Asian/Pacific Islander
☐ African American ☐ Hispanic ☐ Native American

E-mail Address:

Your email is used as our form of communication for all correspondence regarding your application process.

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](https://www.oregon.gov/dpsst/PS/Pages/Moral_fitness.aspx) or view on our website at: https://www.oregon.gov/dpsst/PS/Pages/Moral_fitness.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.
[Department of Public Safety Standards & Training : Training : Private Security : State of Oregon](#)

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](#)

Print, complete & mail with all other application materials or

Fax payment form to: (503) 378-4600

Scan for Fee Amounts



The following Fingerprint Information page does not need to be included with your application

Fingerprint Information

Questions? Email or call DPSST at: dpsst.security@dpsst.oregon.gov or 503-378-8531

Oregon Revised Statutes (ORS) and Oregon Administrative Rule (OAR) prohibit some private professional applicants who have been convicted of disqualifying crimes from holding certification or licensure. To ensure that applicants have not been convicted of disqualifying crimes, DPSST must conduct a state and national criminal background check. A part of this background check requires any applicant for a private professional certification or license who has never been fingerprinted for the purposes of certification or licensure, be fingerprinted. Completion of the fingerprint requirement must be done at the time of submitting an application for Certification or licensure. For more information on the fingerprint requirement, please see the private security program fingerprint requirement webpage here: https://www.oregon.gov/dpsst/PS/Pages/Fingerprint_Requirements.aspx

All applicants for certification or licensure undergoing a fingerprint-based Federal Bureau of Investigation (FBI) record check must be provided an adequate written FBI Privacy Act statement and procedures for accessing and amending an FBI identification records prior to fingerprinting.

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect the completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and FBI Record Access and Amendment

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>