



Welcome to the Private Security Certification and Licensing Program Renewal Process

Attached you will find the application for renewal of your certification or licensure. Please complete it in its entirety. Incomplete or illegible forms/documents may delay renewal of your certification or licensure. For procedures, minimum standards, training or general questions please refer to our website at <http://www.oregon.gov/dpsst/ps>. You may also contact our office through email at: dpsst.security@state.or.us or by calling our office at: (503)378-8531.

Important information for all renewal applicants

What is required for a completed **Professional Certification** renewal application?

- J PS-21 – Application for renewal of certification;
- J PS-6 – Completion of required renewal/refresher training for level of certification;
- J PS-20 – Temporary Work Permit (*if employed and submitting renewal application materials less than 30 days prior to expiration*);
- J PS-27 – Code of Ethics; and
- J Fees

What is required for a completed **Manager Licensure** renewal application?

- J PS-21 – Application for renewal of licensure;
- J PS-20 – Temporary Work Permit (*if employed and submitting renewal application materials less than 30 days prior to expiration*);
- J PS-27 – Code of Ethics;
- J Completion of the required renewal training for manager licensure; and
- J Fees

What is required for a completed **Instructor Certification** renewal application?

- J PS-21 – Application for renewal of certification;
- J PS-8 – Proof of instructor skills improvement or continuing education;
- J PS-27 – Code of Ethics;
- J Completion of required renewal training for instructor certification; and
- J Fees

Submission of a \$25 late fee is required for recertification if providers fail to complete certification by the expiration date of the license or certificate. [OAR 259-060-0500].

For a list of certified Private Security Instructors that can provide the renewal/refresher training for professional applicants, please refer to the following link: <http://www.oregon.gov/dpsst/PS/docs/Instructorlist.pdf>

Please note: A certified Private Security Instructor will complete a Training Affidavit (PS-6) once you have completed your required renewal/refresher training. This form is only valid if submitted to the department within 180 days of the training completion date.

Class calendar for training provided by DPSST to managers and instructors, please use the following link: <http://www.oregon.gov/dpsst/PS/docs/PSManagerInstClassSchedule.pdf>

To check the status of your renewal, access IRIS via the following link: http://dpsstnet.state.or.us/IRIS_PublicInquiry/privatesecurity/smsgoperson.aspx

Temporary Work Permits (PS-20s) may be held for up to 120 days and shall only be included if employed and submitting renewal application materials less than 30 days prior to expiration. Additional PS-20 requests need prior approval from the department. PS-20's will not be issued to instructors or to individuals providing armed private security services.

Code of Ethics (PS-27) form, affirming moral fitness and professional standards is required to be sent with all PS-21 renewal application materials. Applications submitted without this form will generate a deficiency and delay renewal of certification/licensure.

The Department may administratively terminate the renewal application process and all fees paid will be forfeited if the Department is unable to complete the certification/licensure renewal process due to non-response, non-compliance, upon the discovery of disqualifying criminal convictions or any violation of the temporary work permit provisions.

Pursuant to OAR 259-060-0500 payments to the Department are non-refundable and non-transferable.

All private security providers must notify the Department within 14 calendar days of any change of address by completing a Private Security Provider Change of Information form (PS-23), which can be found on our website.

Renewal Training Requirements & Fees

PROFESSIONAL Certification Renewal:	Renewal Training Requirements	FEES
UNARMED Professional	4 hour UNARMED Renewal Course & Exam (Attach PS-6)	\$65
ALARM MONITOR Professional	4 hour ALARM MONITOR Renewal Course & Exam (Attach PS-6)	\$65
ARMED Professional (Includes Unarmed Professional)	4 hour UNARMED Renewal Course & Exam (Attach PS-6); and 4 hour ARMED Refresher Course/Exam & FIREARMS Marksmanship Requalification (Attach PS-6)	\$65
INSTRUCTOR Certification Renewal:	Renewal Training Requirements	FEES
	<i>Each renewal application for instructor certification must include a PS-8 form; proving completion of a minimum of eight (8) hours of coursework relating to: Any of the specific subjects being taught or improving instructor skills.</i>	
UNARMED Instructor	UNARMED Private Security Instructor Course & Exam	\$90
ALARM Monitor Instructor	ALARM MONITOR Private Security Instructor Course & Exam	\$90
FIREARMS Instructor	FIREARMS Private Security Instructor Course & Exam; and FIREARMS Marksmanship qualifications.	\$158 Price includes a \$68 range fee
MANAGER Licensure Renewal:	Renewal Training Requirements	FEES
	~ Includes professional certification at no extra charge ~ <i>(Indicate professional certification in Section 1 of this application)</i>	
SUPERVISORY Manager	Manager Course/Exam & Assessments; and (if desired) Renewal Course/Exam for Professional Certification (Attach PS-6)	\$75
EXECUTIVE Manager	Manager Course/Exam & Assessments; and (if desired) Renewal Course/Exam for Professional Certification (Attach PS-6)	\$250
LATE FEE: (Required if reapplying after the expiration date of certification/licensure)		+\$25
TOTAL FEES DUE:		

~ ADDITIONAL INFORMATION ~

GENERAL

You may begin the renewal process 180 days prior to the expiration date of your certification/license.

If a certification/license expires before a new card is received, it is unlawful to continue providing private security services.

ARMED PRIVATE SECURITY PROFESSIONALS/INSTRUCTORS

ANNUAL training required for professionals & instructors: Successful completion of firearms marksmanship qualifications. Professionals must also complete a four (4) hour armed refresher course and exam.
Please note: The date in which annual training is due is listed on each Armed Professional certification card issued.

Armed private security professionals who fail to complete and submit the armed annual refresher course must complete the 24-hour Basic Firearms Course & Exam before reissuance of their certification.

INSTRUCTORS

Certified private security instructors who also hold certification as a private security professional are exempt from the required private security professional renewal training if they deliver the basic curriculum of the discipline for which they are certified at least one time per year. *[Provide verification by completing & submitting a PS-8 form]*



PS-21 Application for Certification or Licensure

Department of Public Safety Standards and Training / Private Security Certification & Licensing Program
 4190 Aumsville Hwy SE, Salem, OR 97317-8983 Phone: 503-378-8531 / Fax: 503-378-4600
 E-mail: dpsst.security@state.or.us Website: <http://www.oregon.gov/dpsst/ps>

1 Please indicate the certification and/or licensure you are renewing below:

PSID #: _____		
PROFESSIONAL CERTIFICATION		
<input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed/Unarmed	<input type="checkbox"/> Alarm Monitor
MANAGER LICENSURE		
<input type="checkbox"/> Supervisory	<input type="checkbox"/> Executive	
<i>If you are also renewing a Professional Certification – You must indicate the type of Professional Certification above</i>		
INSTRUCTOR CERTIFICATION		
<input type="checkbox"/> Unarmed	<input type="checkbox"/> Firearms	<input type="checkbox"/> Alarm Monitor
<input type="checkbox"/> Please check if your certification/licensure is expired & your renewal is late		

2 General Information PLEASE TYPE OR PRINT CLEARLY

Per OAR 259-060-0015 ~ All private security providers must notify the Department within 14 calendar days of any change of address by completing a Private Security Provider Change of Information form (PS-23).

NAME First:	Middle Initial:	Last:	Suffix:
Your email will now be used as our form of communication for all correspondences regarding your application process. Additionally, please check yes <input type="checkbox"/> if you would like to be added to our email messaging system regarding other updates to the private security program.			
Email Address:			
Home Phone:	Work Phone:	Cell Phone:	
Mailing Address:			
City:	State:	Zip Code:	County: (Example: Multnomah)
Residence Address (If different):			
City:	State:	Zip Code:	County: (Example: Multnomah)

3 Training Request Complete this section ONLY if renewing for instructor certification or manager licensure

DPSST Instructor/Manager Training Date Request

1 st Choice:	2 nd Choice:
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For class availability please visit the Training Calendar on the DPSST website: www.oregon.gov/DPSST/PS
 Please note: Class materials will be sent to your email address no later than one week before class date.

Continue to next page to complete sections 4-7

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Private Security Employment

PLEASE TYPE OR PRINT CLEARLY

- 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 card? YES NO

If YES to #2, and your current certification/licensure will expire within 30 days OR your expiration date has passed, your employer must include a PS-20 signed by your private security manager.

Current Employer (Name & Address): _____

Job Title _____

Current Employer (Name & Address): _____

Job Title _____

(please list additional employers on a separate sheet)

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Moral Fitness

Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) require all private security applicants and providers uphold the core values established by the Board of Public Safety Standards and Training and be of good moral fitness as determined by a criminal background check, department investigation or other reliable sources. Lack of good moral fitness includes, but is not limited to, mandatory or discretionary disqualifying misconduct as described in OAR 259-060-0300.

To view the criminal disqualifier listing please visit the following website:

www.oregon.gov/dpsst/PS/docs/PSDisquals.2014.pdf

Since your last valid application:

- 1) 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?
 YES NO If yes, attach an explanation and provide date, location, and nature of offense.
- 2) Have you been convicted of, arrested OR is there any action pending against you for any criminal offense?
 YES NO If yes, attach an explanation and provide date, location, and nature of offense.
- 3) 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?
 YES NO If yes, attach an explanation and provide date, location, and nature of offense.

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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, 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: _____

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CASHIERS/BUSINESS CHECK OR MONEY ORDER - Payable to: DPSST

*~ Cash/Personal checks will **NOT** be accepted ~*

MAIL TO:

**Department of Safety Standards & Training
Private Security Certification & Licensing
4190 Aumsville Hwy SE
Salem, Oregon 97317**

CREDIT OR DEBIT CARD PAYMENT

Credit Card Authorization Form:

<http://www.oregon.gov/dpsst/PS/docs/CreditCardAuthorization.pdf>

Print, complete & mail with all other application materials



PS-27

Private Security Provider Code of Ethics

I swear or affirm that as a Private Security Provider, my fundamental duty is to protect the interest of my employer, client and/or industry. As a private security provider I recognize that I am bound to the core values specific to my discipline.

I acknowledge that Honesty is a core value that includes integrity, credibility, acting honorably and maintaining confidences. I acknowledge that a lack of honesty includes untruthfulness, dishonesty by admission or omission, deception, misrepresentation or falsification, and from these I will abstain.

I acknowledge that Good Character is a core value that includes being respectful and courteous, being faithful, diligent and loyal to the employer's charge, and using discretion, demonstrating compassion, and exhibiting courage.

I acknowledge that Fair Treatment of Others is a core value that includes treating others equitably, exercising good judgment and not being discriminatory against others.

I acknowledge that Public Trust is a core value which includes maintaining the public confidence by being law abiding and adhering to recognized private security industry standards.

I acknowledge that Respect for the Laws of this State and Nation is a core value.

I will constantly strive to maintain these core values, dedicating myself to my chosen profession.

Signature

Date

Printed Name

PSID Number or if new enter N/A