



# PS-21 Renewal Application for Certification or Licensure

Department of Public Safety Standards and Training / Private Security Certification & Licensing Program

Mail application packet to:  
 4190 Aumsville Hwy SE, Salem, OR 97317-8983  
 E-mail: [dpsst.security@dpsst.oregon.gov](mailto: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	
If applying for a professional certification, please indicate above.	
Alarm Monitor Instructor	
Firearms Instructor	
Unarmed Instructor	

## 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.

You must include a late fee if the application is accepted by  
 the Department after expiration date of certification or  
 licensure.

## Training Request

Complete this section ONLY if applying for instructor certification or  
 manager licensure. For class availability visit our Training Calendar.

### [Department of Public Safety Standards & Training : Training : Private Security : State of Oregon](#)

Class date requested: \_\_\_\_\_

Second date requested: \_\_\_\_\_

PSID #:  
 \_\_\_\_\_

Armed professionals that have completed the armed annual training as  
 required, may renew your armed certification by completing the unarmed  
 renewal training and submitting the application for renewal of  
 armed/unarmed professional.

## General Information

PLEASE TYPE OR PRINT CLEARLY

<b>LEGAL NAME</b>			
<b>First:</b>	<b>MI:</b>	<b>Last:</b>	<b>Suffix:</b>
<b>E-mail Address:</b>			
<i>Your email is used as our form of communication for all correspondences regarding your application process.</i>			
<b>Phone – Home:</b>	<b>Work:</b>	<b>Cell:</b>	
<b>Mailing Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>
<b>Residence Address (If different):</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>

Moral Fitness – answer based on actions since your last valid application

Review eligibility guidelines [click here](#) or view on our website at:

[Department of Public Safety Standards & Training : Moral Fitness : Private Security : State of Oregon](#)

**If you answer yes to any of the below questions, you must attach an explanation and provide date, location, and nature of offense. If an arrest or criminal disposition, include arresting agency, dispositional outcome and court information.**

	Yes	No
1. Since your last application, have you 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, and violations) in <u>ANY</u> local, state, federal, military or tribal jurisdiction?		
2. Since your last application, have you 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?		
4. Since your last application, 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. Since your last application, 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. Since your last application, have you engaged in conduct that resulted in a criminal disposition for any violation of criminal law where the conduct occurred while providing private security services?		
8. Since your last application, have you 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?		

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 card? YES  NO

**If YES to #2, you must include a PS-20 signed by your employing licensed private security manager.**

Current Employer (Name & Address):

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](#)**

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 thru 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 \_\_\_\_\_