

### CHANGE OF INFORMATION FORM

**PS-23**



DPSST, Private Security/Investigator Program, 4190 Aumsville Hwy SE Salem, OR 97317

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**PLEASE PRINT CLEARLY OR TYPE**

PLEASE NOTE: If not all applicable portions are completed or legible, it may delay the processing of your request.

**REQUIRED INFORMATION:**

LEGAL NAME \_\_\_\_\_ DOB: \_\_\_\_\_ PSID # \_\_\_\_\_

Last name      First name      M.I.

FORM SUBMITTED BY \_\_\_\_\_ DATE \_\_\_\_\_

**CHANGE OF ADDRESS, TELEPHONE AND/OR EMAIL - NO FEE REQUIRED**

New Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Contact 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/licensure**

**CHANGE OF EMPLOYMENT - NO FEE REQUIRED**

New Employer \_\_\_\_\_ Start of Employment Date: \_\_\_\_\_

New Employer \_\_\_\_\_ Start of Employment Date: \_\_\_\_\_

FORMER Employer \_\_\_\_\_ End of Employment Date: \_\_\_\_\_

1. Was the employee terminated? YES  NO

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

\*If you answer yes to question 3, include supporting documentation regarding the possible violation with this form.

I am a certified unarmed professional and I have applied for **upgrade** to an unarmed/armed professional. I have submitted a \$25 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 have applied to **add** an armed professional. I have submitted a \$78 fee, PS-1 application, PS-6 (24 hour armed course), PS-6 (unarmed refresher course), and a PS-23.

**Completing the adding application packet will allow DPSST to issue a new two-year certificate.**

Individuals currently certified as an unarmed private security professional applying to upgrade or add an armed private security certification must carry a copy of the PS-6 and the PS-23 while performing private security services until a new certificate is received.

**REPLACEMENT OF CERTIFICATION/LICENSE- \$24 FEE REQUIRED**

\$24.00 fee enclosed

Submit a money order, cashier's check, business check or credit card authorization form.

Name change - Former Legal Name \_\_\_\_\_

Current Legal Name \_\_\_\_\_

(Attach proof of legal name change, i.e. copy of court document, 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 form, at all times, while performing security services until a replacement certification/license is received.*