

CHANGE OF INFORMATION FORM

PS-23



- ___ CHANGE OF NAME, ADDRESS OR PHONE NUMBER
- ___ CHANGE OF EMPLOYER (Company Name)
- ___ REQUEST FOR REPLACEMENT CARD (Lost or Stolen)
- ___ REQUEST FOR UPGRADE (Unarmed to Armed)

DPSST, Private Security/Investigator Program , 4190 Aumsville Hwy SE Salem, OR 97317
Ph. (503) 378-8531 Fax (503) 378-4600

| | |
|-----------------------|-----------------|
| NAME _____ | PS ID NO. _____ |
| DOB _____ Email _____ | DATE _____ |

| | | |
|---|------------------------|-------------|
| CHANGE OF ADDRESS AND/OR TELEPHONE | NO FEE REQUIRED | |
| New Mailing Address _____ | | |
| City _____ | ZIP _____ | Phone _____ |

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|---|------------------------|
| CHANGE OF EMPLOYMENT | NO FEE REQUIRED |
| Old Employer _____ Effective Date _____ | |
| New Employer _____ Effective Date _____ | |

| | |
|---|----------------------------|
| NAME CHANGE | Enclose \$20.00 fee |
| <i>No personal checks or cash – send money order, cashier’s check or approved business check.</i> | |
| Former Legal Name _____ | |
| Current Legal Name _____ | |
| Reason for Name Change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Name Change | |
| <small>*Attach proof of legal name change, ie copy of social security card, court document, or driver’s license*</small> | |

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|---|----------------------------|
| REPLACEMENT OF CERTIFICATION LICENSE OR PERMIT | Enclose \$20.00 fee |
| <i>No personal checks or cash – send money order, cashier’s check or approved business check.</i> | |
| <input type="checkbox"/> I have lost my certification license or permit. | |
| <input type="checkbox"/> My card was stolen. | |
| Category: <input type="checkbox"/> Unarmed Officer <input type="checkbox"/> Unarmed Instructor <input type="checkbox"/> Supervisory Manager <input type="checkbox"/> Alarm Monitor | |
| <input type="checkbox"/> Provisional PI <input type="checkbox"/> Private Investigator <input type="checkbox"/> Armed Instructor <input type="checkbox"/> Executive Manager <input type="checkbox"/> Armed Officer | |
| **CARRY A COPY OF THIS FORM ON YOUR PERSON WHEN WORKING, UNTIL PERMIT IS RECEIVED. | |

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|--|----------------------------|
| REQUEST FOR UPGRADE FROM UNARMED TO ARMED PERMIT | Enclose \$20.00 fee |
| <i>No personal checks or cash – send money order, cashier’s check or approved business check.</i> | |
| <input type="checkbox"/> I am enclosing a PS-1 application, PS-6 training form and fee with this request. | |
| When an upgrade fee of \$20 is paid your expiration date does not change. If you would prefer to be issued new certification date you may choose to pay \$65 now, and take unarmed training over again. | |
| **CARRY A COPY OF THIS FORM ON YOUR PERSON WHEN WORKING, UNTIL PERMIT IS RECEIVED. | |