

Affidavit of Instructor and Private Security Provider Testing Results PS-6



Department of Public Safety Standards and Training, Private Security/Investigator's Program
4190 Aumsville Hwy SE, Salem, OR 97317 / Email dpsst.security@dpsst.oregon.gov

Student	Legal First Name	M.I.	Legal Last Name		
	PSID	DOB	Phone		
	Mailing Address				
	Email				
Basic Training Courses	<i>Indicate whether the applicant/provider demonstrated a successful completion of the courses below.</i>			PASS	FAIL
	Unarmed Professional Basic Classroom Instruction and Exam – minimum 14 hour				
	Unarmed Professional Assessment(s)				
	Alarm Monitor Professional Basic Classroom Instruction and Exam– minimum 8 hours				
	Alarm Monitor Professional Assessment(s) – minimum 4 hours				
	Armed Professional Basic Firearms Course and Exam – minimum 24 hour				
	Marksmanship Qualification				
	Safe Gun Handling Test				
Biennial Training	Unarmed Professional Biennial Renewal Course and Exam – minimum 4 hours				
	Alarm Monitor Professional Biennial Renewal Course and Exam – minimum 4 hours				
Annual Training	Armed Professional Refresher Course and Exam – minimum 4 hours				
	Armed Professional Annual Firearms Marksmanship Qualification				
	Armed Professional Annual Safe Gun Handling Test				
	Firearms Instructor Marksmanship Qualification				
Accreditation Agreement	<i>This section applies to companies that have a written accreditation agreement with DPSST</i>				
	Accredited Professional Basic – circle type – ALARM or UNARMED				
	Accredited Professional Renewal – circle type – ALARM or UNARMED				
Sworn Statement of Student	By signing this affidavit I hereby acknowledge and understand falsification of this document makes my certification(s)/licensure(s) subject to denial, suspension or revocation under ORS 181A.870 and OAR 259 Division 60. I hereby swear or affirm, under penalty of perjury, that I have attended the required training, completed examination and assessment for the total hours listed below.				
	Signature of Student	Total Hours of Completion	Date Signed		
Sworn Statement of Certified Instructor	<i>By my initials and signature I hereby swear or affirm, under penalty of perjury, that:</i>			Initial Statements	
	I have confirmed the student's identity by viewing a valid government issued picture ID.				
	I am currently a Private Security Instructor, certified by DPSST.				
	I have complied with all mandated course hours & administered all required training, exam and assessments.				
	The course was delivered in English, and the assessments and written exams were completed in English without assistance.				
	I will provide the student a fully completed copy of this form, upon signing.				
	Instructor Name (printed)	Start Date:	PSID # and Expiration Date		
		End Date:			
	Signature of Instructor		Approved Remote Training? If yes, <input type="checkbox"/>	Dated Signed	
			CHECK BOX		
Records Retention – Keep Instructor Class Files for a Minimum Period of Two Years					