

**State of Oklahoma  
COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
Private Security Licensing**

2401 Egypt Road  
Ada, Oklahoma 74820-0669  
(405) 239-5110  
(580) 310-0871

**APPLICANT CHECKLIST FOR COMPLETED APPLICATION**

(This form is not required to be returned with the application.)

- Application with attachments completed and signature notarized.
- Certified court Judgment and Sentence or letter of no record for each arrest and/or charge, if applicable. (All questions on page 2 must be answered).
- Legible CLEET fingerprint cards with all required data.
- Two current passport size color photographs or three if applying for an armed license. Paper or plastic photos are NOT acceptable.
- Local Police Department and Sheriff Department Record Checks.
- Letter of Employment (if applicable) or Bond/Insurance.
- Agency Application (Required if self-employed Private Investigator).
- Documented proof of experience or comparable training.
- Payment amount required. DO NOT MAIL CASH. NO PERSONAL CHECKS. (Money Order, Company Check or Cashier's Check only).
- If not a United States Citizen, verifiable documentation of legal residence

**Incomplete applications will not be processed**

State of Oklahoma  
COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
Private Security Licensing

2401 Egypt Road  
Ada, Oklahoma 74820-0669  
(405) 239-5110 or (580) 310-0871

---

Dear Applicant:

Thank you for your inquiry concerning the security guard and private investigator licenses. Please read and follow the instructions below to insure prompt handling of your application:

1. Be sure your application is complete. **Answer all questions.**
2. The last page must be signed and notarized.
3. Fingerprint cards: return two (2) completed fingerprint cards. (Fingerprinting is usually available at your local police department or sheriff's office.
4. Photographs: Submit two (2) passport size **current** color quality photographs, or three (3) for armed licenses. Face area should be no larger than 1" square, and **no** sunglasses. Write your name on the back of the photographs and secure to application. Paper or plastic photos are **not** acceptable.
5. An original surety bond, a certificate of insurance or a letter of employment from an employer stating you are covered under their insurance.
6. A money order or cashier's check made payable to CLEET. Cash will be accepted for payments made in person. **Sorry, we cannot accept personal checks.** Clearly print your full name in the lower left corner of the money order or cashier's check.

#### **APPLICANT QUALIFICATIONS**

18 years of age for unarmed license, 21 for armed license. Citizen of the United States or alien legally residing in the U.S. Be of good moral character, not have been convicted of a felony or crime involving moral turpitude unless waived by the Council pursuant to O.S. Title 59, Section 1750.5 (H).

#### **APPLICANTS WITH NO TRAINING**

Individuals must include a letter of employment from a licensed agency to work unarmed and complete the mandated training within 180 days from the date of application. To acquire the mandated training provision, applicants must complete the CLEET approved courses of training from one of the schools listed in the packet and pass the State Examination.

#### **APPLICANTS WITH COMPARABLE TRAINING OR EXPERIENCE**

Individuals must **include proof of training or experience with their application.** Comparable training may be granted for certified Oklahoma Peace Officers, Reserve Officers, out of state full-time Police Officers, Military Police and Oklahoma Correctional Officer training. The experience provision may waive all or part of the mandated training upon proof that the applicant was employed as a security guard or private investigator on a full-time basis for one (1) year in the last three (3) years immediately preceding the date of application.

Applicants for an armed license must obtain a **current psychological evaluation** (**Active** full time or reserve peace officers are exempt from the psychological evaluation). Peace Officers must provide a letter from their law enforcement agency indicating active status.

#### **PRIVATE INVESTIGATORS**

If you are applying for a private investigators license, all investigators must be affiliated with a licensed agency or purchase an agency license if the applicant is going to be self-employed.

If you have any questions concerning these forms, or the application process, please contact a member of our staff during regular business hours, Monday through Friday, **8:00 a.m. to 4:30 p.m.** at (405) 425-2775. The license for which you are applying can be issued upon receipt of all the necessary forms if no disqualifying information is found and all other licensing requirements have been met. Thank you again for your interest.



**5. CRIMINAL HISTORY INFORMATION**

Answer the following questions completely. Information you provide may not disqualify you for a license. However, all arrests, or charges, regardless of disposition, appear on record returns from OSBI and FBI.

If you answer "Yes" to any of these questions, it will be necessary for you to provide certified documents of the court's final disposition, including suspended or deferred sentences. If the court no longer has these records, you must obtain a letter from the judge or court clerk stating so.

**If you fail to provide these documents with the application, the application process will stop until they are submitted.** If you leave out or provide false information about your criminal history, your application for a license may be denied and you may be charged with a crime under Title 59 of the Oklahoma Statutes.

***ALL QUESTIONS MUST BE ANSWERED***

1. (A) Have you ever been arrested, charged, or cited with a crime as an adult, in Oklahoma or any other state? If yes, complete (B) and (C) also.  Yes  No

(B) Date-City-State \_\_\_\_\_

(C) What crime? \_\_\_\_\_

2. Were you transported to, or surrendered at a police department, sheriff's office, or other law enforcement facility?  Yes  No

3. Were you fingerprinted, photographed, and booked into jail?  Yes  No

4. Did the city attorney, county attorney, district attorney, or United States attorney file charges against you? (If so, please list them below)  Yes  No

Date	Charge	City	State
------	--------	------	-------

\_\_\_\_\_

\_\_\_\_\_ (Use plain paper if additional space is needed)

5. Did you appear before the court and enter a plea of:  guilty  not guilty  no contest  N/A

6. Did the court find you guilty or not guilty?  guilty  not guilty  N/A

7. What was the sentence or outcome of the case? (Fine, time in the county jail or penitentiary, deferred sentence, suspended sentence, or placed on probation? Please list the sentence below).

Date	Charge	Sentence
------	--------	----------

\_\_\_\_\_

\_\_\_\_\_

Are you currently on a deferred sentence or on probation?  Yes  No

8. Did the court dismiss the charges against you?  Yes  No  N/A

9. Did your attorney tell you that if anyone ever asked if you had been convicted of a crime, you should tell them "no" because the sentence was deferred and the charges then dismissed?  Yes  No  N/A

10. Were the charges expunged from your record by the court?  Yes  No  N/A

**6. LIST YOUR LAST THREE RESIDENCES. (List most recent first)**

Street Address	City	State	Zip	From	To
----------------	------	-------	-----	------	----

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. BOND / INSURANCE CERTIFICATION**

- Attach proof of bond or insurance to this application.
- If you will be covered by your employer's agency bond or insurance, please attach a letter of employment.
- You must immediately notify CLEET if you are no longer covered by said bond or insurance policy.
- You are responsible for obtaining and maintaining your own insurance or bond when you leave the employment of an agency and/or when you are self-employed. Failure to do so may result in disciplinary action including fines and revocation of license.

**8. OTHER QUALIFICATIONS**

Answer the following questions. The information you provide may not disqualify you from obtaining a license, but may require that you provide additional documentation or submit to tests at your own expense to assist the Council in determining your suitability for a license.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| A. Are you currently undergoing treatment for a mental illness, condition or disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Have you ever been involuntarily committed to an OKLAHOMA state mental institution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Have you ever been adjudicated as incompetent?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Do you have a history of illegal drug use?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Do you have a history of alcohol abuse?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Have you ever been charged with domestic violence?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Have you been convicted of violating a domestic violence order?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered Yes to any question above, please explain. You may attach additional pages. **Provide date(s) of occurrence.**

---



---



---

**9. ARMED LICENSE ONLY**

**A. CERTIFICATION OF EMPLOYMENT**

I, \_\_\_\_\_, hereby certify that:

- a. I am in the process of obtaining an armed security guard license pursuant to 59, O.S. Section 1750.1 et seq.;
- b. Upon approval of said license that I will be gainfully employed as an armed security guard or an armed private investigator;
- c. I understand it is a violation of state law to carry a firearm unless I am in the course and scope of my employment as an armed security guard.
- d. Under the penalties of perjury I declare that the above is true and correct.

\_\_\_\_\_  
Signature of Applicant

**B. PSYCHOLOGICAL EVALUATION (Required for armed only)**

Before attending the firearms training, a psychological evaluation must be completed and evaluated. The Psychological Evaluation Affidavit included with the instructions, must be completed and sent directly to CLEET by the examining Psychologist.

**NOTE: Applicants must have a current evaluation at the time of application for a license. The results of the psychological evaluation can only be used for up to six (6) months from the date of evaluation.**

**10. Sign and date the Mental Health and Substance Abuse Consent for Release of Confidential Information.**

Return complete application to: CLEET Private Security
2401 Egypt Road
Ada, Oklahoma 74820-0669

11. AUTHORITY TO RELEASE INFORMATION

Oklahoma Statutes, Title 59, Section 1750.11, Paragraph B, state:
"Any person who willfully makes a false statement, knowing such statement to be false, in any application to the Council on Law Enforcement Education and Training for a license pursuant to the Oklahoma Security Guard and Private Investigator Act, or who otherwise commits a fraud in connection with such application, shall be guilty of a felony punishable by a term of imprisonment for no less than two (2) years nor more than five (5) years, or by a fine of not more than Two Thousand Dollars (\$2,000.00), or by both such imprisonment and fine."

I, the undersigned, certify that I have received, read and understand and will abide by the Rules and Regulations Governing Security Guards and Private Investigators: and the "Oklahoma Security Guard and Private Investigator Act." I hereby declare under oath and under penalty of perjury, that to the best of my knowledge, all information contained in this application is true and correct. I understand that any misrepresentation, or omission, is sufficient cause for denial of a license.

I certify that I am not currently undergoing treatment for a mental illness, condition, or disorder. For purposes of this subsection, "currently undergoing treatment for mental illness, condition, or disorder" means the person has been diagnosed by a licensed physician or psychologist as being afflicted with a substantial disorder of thought, mood, perception, psychological orientation, or memory that significantly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life and such condition continues to exist.

House Bill 1154, effective July 1, 2001, requires the Council on Law Enforcement Education and Training to submit my name, gender, date of birth and address to the Department of Mental Health and Substance Abuse Services. The Department of Mental Health and Substance Abuse Services shall respond to the Council within ten (10) days whether the computerized records of the Department indicate that I have ever been involuntarily committed to an Oklahoma state mental institution. In the event that the Department of Mental Health and Substance Abuse Services reports to the Council that I have been involuntarily committed, the Council shall immediately inform my employing agency.

Any applicant who does not receive clearance as a result of the mental health inquiry will be notified by the CLEET.

I hereby authorize any individual or any agency, governmental, private or otherwise, to release on a confidential basis, any information regarding my present and past employment including time sheets, employment applications, resumes, performance evaluations, worker's compensation and/or insurance claims, medical evaluations, and information relating to my criminal history, or any other information which is deemed confidential, to any authorized representative of the Council on Law Enforcement Education and Training for the purposes of determining my eligibility to obtain and retain a license as a security guard, armed security guard, armed or unarmed private investigator, or owner of a security agency or investigative agency. I further authorize the Council on Law Enforcement Education and Training, or authorized representative of the Council, to release to any law enforcement agency or employer, information held by the Council concerning my application.

A copy of this authorization is agreed by the undersigned to have the same effect and force as an original.

Original Signature of Applicant Date Printed Name of Applicant
(Sign in front of notary)

FOR NOTARY USE ONLY

State of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_
Printed Name of Applicant

personally appeared before me and signed the above release of information in my presence. (SEAL)

Signature Notary Public Printed Name of Notary

My Commission Expires: \_\_\_\_\_ My Commission Number: \_\_\_\_\_

**DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ SEX: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Print full name including middle initial)

authorize the Department of Mental Health and Substance Abuse Services to release to the Council on Law Enforcement Education and Training (CLEET) information concerning whether I have ever been involuntarily committed to an Oklahoma state mental institution. This authorization is given as part of my CLEET application for:

**Peace Officer Certification**       **Private Security Guard or Investigator License**

This consent shall expire upon notification from CLEET that I am accepted to attend or denied attendance in the CLEET basic peace officer academy or I am approved or denied to receive a security guard or investigator license.

I hereby acknowledge that this consent for the release of information is given freely and voluntarily. I understand that I may revoke this consent (in writing) at any time unless action has already been taken based upon it, and that in any event this consent expires in ninety (90) days from the date of signing or upon the condition(s) described above, unless a longer period has been specified above.

**THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). [63 O. S. § 1-1502.2] (B)**

Notice to individuals or entities releasing alcohol and drug abuse treatment records:

There shall be a statement in bold face, stamped upon each page of the information released stating, "This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."

\_\_\_\_\_  
Signature of CLEET applicant.

\_\_\_\_\_  
Date

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
EMPLOYMENT OR TERMINATION FORM**

AGENCY LICENSE #: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

AGENCY NAME (as on license): \_\_\_\_\_

**NOTICE OF EMPLOYMENT**

Last Name                  First Name                  MI                  SSN                  License Number                  Date Employed

- The individual named above has been employed as a security guard.  
 The individual named above has been employed as a private investigator.

This notice of employment is to inform CLEET that the above named person has been employed by this agency and will be covered under the agency's liability insurance or bond.

This notice is approved to replace a letter of employment and proof of insurance. It is not necessary to attach proof of your agency's insurance.

\_\_\_\_\_  
**Print Name of Manager or Designee**

\_\_\_\_\_  
**Signature of Manager or Designee**

\_\_\_\_\_  
Date

**NOTICE OF TERMINATION**

Last Name                  First Name                  MI                  SSN                  License Number                  Date Terminated

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_  
**Print Name of Manager or Designee**

\_\_\_\_\_  
**Signature of Manager or Designee**

\_\_\_\_\_  
Date

**OTHER CHANGES**  
**(Address or Phone Number Change)**

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Print Name of Manager or Designee**

\_\_\_\_\_  
**Signature of Manager or Designee**

\_\_\_\_\_  
Date

**Important:** The Oklahoma Private Security Rules and Regulations require that employments and terminations be reported within **five (5) days** to CLEET. Failure to comply may result in fines and penalties being assessed.

**Please do not list employments and terminations on the same form.**

**Use one form for each employment.** Multiple names may be listed under terminations. Please note in margin if person is deceased.

**SIGNATURE OF MANAGER OR DESIGNEE REQUIRED FOR ACCEPTANCE**

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING**

2401 Egypt Road  
Ada, Oklahoma 74820-0669  
(405) 239-5110 or (580) 310-0871

**RECORD REQUEST FORM**

---

Request By: Council on Law Enforcement Education and Training

- Purpose of Request:
- State License for Unarmed Security Guard
  - State License for Unarmed Private Investigator
  - State License for **Armed** Security Guard/Investigator
- 

**INFORMATION FOR SEARCH:**

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Attention Local Law Enforcement Officials:**

The above named applicant has applied for the State License indicated under the provisions of the Private Security Act, Title 59, O.S. 1750.1 et. seq. Because this applicant resides in your city or county, a criminal records check is needed prior to licensing. Please complete the following information:

- No record with this department (**Local records only**)
- Copy of record attached
- The following information is from the files of this department

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the complete name of your agency.

**INSTRUCTIONS:** The purpose of the local record check is to ascertain an accurate background as possible. If you are an Oklahoma resident and you have lived at your current address for less than ninety (90) days, you must get a local record check from: 1) your previous police department and sheriff's office and 2) from your current police department and sheriff's office. If you are not a resident of Oklahoma (you have lived in Oklahoma for less than six (6) months), you are required to obtain a local record check from your previous police department and sheriff's office, in your previous state, and your current police department and sheriff's office.

There are three options for non-resident applicants to obtain the additional record checks: 1) obtain a local record check from your previous police departments and sheriff's office; or 2) obtain a local record check from your municipal (city) court clerk and district (county) court clerk; or 3) obtain a record check from the agency in your previous state that keeps the state's criminal records (example: Kansas Bureau of Investigation).

Oklahoma residents who have resided at their current address for more than ninety (90) days must provide two record check forms, one from your local police department and one from the sheriff's office in your jurisdiction of residence. If you do not live in a police jurisdiction, have the sheriff's office or appropriate agency note they are the "keeper of the records" for your area of residence (specify area).

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING**

2401 Egypt Road  
Ada, Oklahoma 74820-0669  
(405) 239-5110 or (580) 310-0871

**RECORD REQUEST FORM**

Request By: Council on Law Enforcement Education and Training

- Purpose of Request:
- State License for Unarmed Security Guard
  - State License for Unarmed Private Investigator
  - State License for **Armed** Security Guard/Investigator

**INFORMATION FOR SEARCH:**

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Attention Local Law Enforcement Officials:**

The above named applicant has applied for the State License indicated under the provisions of the Private Security Act, Title 59, O.S. 1750.1 et. seq. Because this applicant resides in your city or county, a criminal records check is needed prior to licensing. Please complete the following information:

- No record with this department (**Local records only**)
- Copy of record attached
- The following information is from the files of this department

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the complete name of your agency.

**INSTRUCTIONS:** The purpose of the local record check is to ascertain an accurate background as possible. If you are an Oklahoma resident and you have lived at your current address for less than ninety (90) days, you must get a local record check from: 1) your previous police department and sheriff's office and 2) from your current police department and sheriff's office. If you are not a resident of Oklahoma (you have lived in Oklahoma for less than six (6) months), you are required to obtain a local record check from your previous police department and sheriff's office, in your previous state, and your current police department and sheriff's office.

There are three options for non-resident applicants to obtain the additional record checks: 1) obtain a local record check from your previous police departments and sheriff's office; or 2) obtain a local record check from your municipal (city) court clerk and district (county) court clerk; or 3) obtain a record check from the agency in your previous state that keeps the state's criminal records (example: Kansas Bureau of Investigation).

Oklahoma residents who have resided at their current address for more than ninety (90) days must provide two record check forms, one from your local police department and one from the sheriff's office in your jurisdiction of residence. If you do not live in a police jurisdiction, have the sheriff's office or appropriate agency note they are the "keeper of the records" for your area of residence (specify area).

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
NOTIFICATION OF PSYCHOLOGICAL EVALUATION FOR  
ARMED SECURITY GUARD LICENSE/OR ARMED PRIVATE INVESTIGATOR LICENSE**

Title 59, Section 1750.3A of the Oklahoma Statutes require that:

1. Each applicant for an armed security license be administered any current standard form of the Minnesota Multiphasic Personality Inventory (MMPI, or other psychological evaluation instrument approved by CLEET).
2. The response data must be evaluated by a psychologist licensed by the State.
3. The licensed psychologist shall be of the applicant's choice, and the applicant must bear the cost of the evaluation.
4. If the licensed psychologist is unable to certify the applicant's psychological capability to exercise appropriate judgment, restraint, and self-control, after evaluating the data, the psychologist may utilize other psychological measuring instruments or techniques to form a professional opinion. The use of other instruments or techniques shall require a full and complete written explanation to CLEET.
5. The psychologist shall forward a written psychological evaluation on a form prescribed by the Council, within 15 days of the evaluation, even if the applicant is found to be AT RISK.
6. The Council may utilize the results of the evaluation for up to six months from the date of evaluation.
7. Applicants found AT RISK must wait one year to reapply for certification.

**NOTICE TO EXAMINING PSYCHOLOGIST**

The applicant whose data you are about to examine, is applying for a license as an Armed Security Guard or Armed Private Investigator, who will be vested with a position of public/private trust and will be authorized to carry a firearm.

**INSTRUCTIONS**

Complete this form and return to: CLEET Private Security, 2401 Egypt Road, Ada, Oklahoma 74820-0669.

---

**Psychological Test Affidavit**

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Psychological Name: \_\_\_\_\_ State License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Telephone: \_\_\_\_\_

Test:         MMPI                       Other (List additional instruments): \_\_\_\_\_

I have examined the above named applicant's test data, and it is my professional opinion, based on available data, that this person is psychologically **CAPABLE** of exercising appropriate judgment, restraint, and self-control.

I have examined the above named applicant's test data, and it is my professional opinion, based on available data, that this person is psychologically **AT RISK** of exercising inappropriate judgment, restraint, and self-control.

I have examined the above named applicant's test data, and it is my professional opinion, based on available data, that this person requires **FURTHER TESTING** before a conclusive determination can be made.

\_\_\_\_\_  
Signature of Psychologist

\_\_\_\_\_  
Date

Date determined to be CAPABLE for an armed license: \_\_\_\_\_

\_\_\_\_\_  
Date tested

Date determined to be AT RISK for an armed license: \_\_\_\_\_

Date determined that FURTHER TESTING was needed: \_\_\_\_\_

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (SEAL)

\_\_\_\_\_  
Signature Notary Public

\_\_\_\_\_  
Printed Name of Notary

My Commission Expires: \_\_\_\_\_ My Commission Number: \_\_\_\_\_

---

---

**Release of Psychological Information**

I, \_\_\_\_\_, hereby willingly subject myself to a psychological evaluation by a licensed psychologist as required by 59 O.S. 1750.3 (A). I hereby reserve the right to have the psychological data and conclusions for the psychologist remain confidential except on this form to the school listed below. No other release of this information, explicit or implied, is granted at this time.

School Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
NOTIFICATION OF BOND COVERAGE BY CARRIER

Security Guards and Private Investigators
NOTICE TO INSURANCE/BOND COMPANIES

Statutory requirements: Title 59, Oklahoma Statutes § 1750.1 et. seq.

- J. 1. All persons and agencies shall obtain and maintain liability coverage in accordance with the following minimum standards:
a. General liability insurance coverage for bodily injury, personal injury, and property damage, with endorsements for personal injury including false arrest, libel, slander, and invasion of privacy, or
b. A surety bond that allows persons to recover for actionable injuries, loss, or damage as a result of the willful, or wrongful acts or omissions of the principal and protects this state, its agents, officers and employees from judgments against the principal or insured licensee, and is further conditioned upon the faithful and honest conduct of the principal's business.
2. Liability coverage and bonds outlined in this section shall be in the minimum amounts of One Hundred Thousand Dollars (\$100,000.00) for agencies, Ten Thousand Dollars (\$10,000.00) for armed security guards & self employed armed private investigators, and Five Thousand Dollars (\$5,000.00) for unarmed security guards and unarmed self-employed private investigators who employ no other investigators.
3. Security agencies and investigative agencies shall ensure that all employees of these agencies have met the minimum liability coverage as prescribed in this section.
4. Insurance policies and bonds issued pursuant to this section shall not be modified or canceled unless ten (10) days' prior written notice is given to the Council. All persons and agencies insured or bonded pursuant to this section shall be insured or bonded by an insurance carrier or a surety company licensed in the state in which the insurance or bond was purchased, or in this state.

Agency Rules: 390:35-11-3. Liability Coverage

- (c) Proof of insurance shall be provided to CLEET by submitting a certificate of insurance, such as the Accord Form; or a copy of the policy, or a copy of the bond; or a letter from the issuing company. Regardless of the method chosen, the proof submitted shall at least contain the following information:
(1) Name of Insured
(2) Name and address of Insurer
(3) Policy limits, coverage and amounts
(4) Effective dates of policy
(d) Any company providing insurance or surety bonds must be licensed to do business in the State of Oklahoma.

KNOW ALL MEN BY THESE PRESENT:

Bond Number : \_\_\_\_\_

That we, \_\_\_\_\_, as Principal and, \_\_\_\_\_, as Surety, are authorized to conduct business in the State of Oklahoma, are firmly bound unto the State of Oklahoma in the just sum of:

- [ ] \$ 5,000.00 (Self-employed unarmed private investigator or unarmed guard)
[ ] \$ 10,000.00 (Self-employed armed private investigator or armed guard)

for the payment of which, well and truly to be made, we bind ourselves, our heirs, executor, and administrators, each and every one of them, jointly and severally, firmly by these present.

The condition of this obligation is such that whereas the above bound Principal has made application to do business in the State of Oklahoma under the provisions of Title 59, Oklahoma Statutes, Section 1750 et. seq. as a licensed:

- [ ] Unarmed security guard or private investigator
[ ] Armed security guard or private investigator

and will comply with all the laws governing said license. It is a further condition that the Principal and Surety shall indemnify the State of Oklahoma or any person for any judgment against same resulting from any wrongful act or omission, whether intentional or negligent, that arose in the course of business as a Security Guard or Private Investigator, or resulting from any violations of the laws of the State of Oklahoma.

It is further understood and agreed that this bond meets the standards outlined in O.S. 59 § 1750.1 above and is for the following period.

Beginning date: \_\_\_\_\_ and Ending date: \_\_\_\_\_

unless continued by a renewal certificate. This bond may be canceled as to future liability by Surety giving ten (10) days written notice to the Council on Law Enforcement Education and Training. The Surety shall not be liable for successive claims in excess of the bond amount, regardless of the number of claims made against the bond or number of years the bond remains in force.

Witness our hands this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Principal

Oklahoma Insurance License Number

Surety

Attach Original Power of Attorney

By: \_\_\_\_\_

Attorney-in-Fact

Agents Name (Please Print): \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
**NOTIFICATION OF INSURANCE COVERAGE BY CARRIER**

Security Guards and Private Investigators  
**NOTICE TO INSURANCE COMPANIES**

**Statutory requirements: Title 59, Oklahoma Statutes § 1750.1 et. seq.**

- J. 1. All persons and agencies shall obtain and maintain liability coverage in accordance with the following minimum standards:
- a. General liability insurance coverage for bodily injury, personal injury, and property damage, with endorsements for personal injury including false arrest, libel, slander, and invasion of privacy, or
  - b. A surety bond that allows persons to recover for actionable injuries, loss, or damage as a result of the willful, or wrongful acts or omissions of the principal and protects this state, its agents, officers and employees from judgments against the principal or insured licensee, and is further conditioned upon the faithful and honest conduct of the principal's business.
2. Liability coverage and bonds outlined in this section shall be in the minimum amounts of One Hundred Thousand Dollars (\$100,000.00) for agencies, Ten Thousand Dollars (\$10,000.00) for armed security guards & self employed armed private investigators, and Five Thousand Dollars (\$5,000.00) for unarmed security guards and unarmed self-employed private investigators who employ no other investigators.
3. Security agencies and investigative agencies shall ensure that all employees of these agencies have met the minimum liability coverage as prescribed in this section.
4. Insurance policies and bonds issued pursuant to this section shall not be modified or canceled unless ten (10) days' prior written notice is given to the Council. All persons and agencies insured or bonded pursuant to this section shall be insured or bonded by an insurance carrier or a surety company licensed in the state in which the insurance or bond was purchased, or in this state.

**Agency Rules: 390:35-11-3. Liability Coverage**

(c) Proof of insurance shall be provided to CLEET by submitting a certificate of insurance, such as the Accord Form; or a copy of the policy, or a copy of the bond; or a letter from the issuing company. Regardless of the method chosen, the proof submitted shall at least contain the following information:

- (1) Name of Insured
- (2) Name and address of Insurer
- (3) Policy limits, coverage and amounts
- (4) Effective dates of policy

(d) Any company providing insurance or surety bonds must be licensed to do business in the State of Oklahoma.

Name of the Insured: \_\_\_\_\_

This policy includes:  Unarmed security guard coverage      Number of employees:  Self-Employed  
 Armed security guard coverage       Other guards and/or investigators  
 Unarmed private investigator coverage  
 Armed private investigator coverage

Amount of coverage:  \$ 5,000.00 (Self-Employed unarmed private investigator or unarmed guard)  
 \$ 10,000.00 (Self-Employed armed private investigator or armed guard)  
 \$100,000.00 (Other guards and/or investigators employed)

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ OK Insurance License #: \_\_\_\_\_

Company affording coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expire Date: \_\_\_\_\_

✓ **Attach Proof of Insurance such as a copy of the Accord Form, or policy detailing policy limits, coverage and amounts.**

I have read the statutory requirements described above and certify that this policy meets the minimum standards required by the State of Oklahoma for liability insurance.

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Signature Notary Public

\_\_\_\_\_  
Printed Name of Notary

My Commission Expires: \_\_\_\_\_

My Commission Number: \_\_\_\_\_