

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
2401 Egypt Road
Ada, Oklahoma 74820-0669
405-239-5115

I, _____ hereby certify that:

(Print Full Name (Last, First MI) - Date of Birth (mm/dd/yyyy) - Social Security Number (xxx-xx-xxxx))

- a. I am in the process of obtaining an armed security guard license pursuant to Title 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 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. Answer the following questions. The information you provide may not disqualify you from obtaining a license, but may require additional documentation or submit to tests at your own expense to assist the Council in determining your suitability for an armed license.

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

If you answered YES to any of the questions above, give date(s) & explanation.

e. Under the penalties of perjury I declare that the above is true and correct.

Signature of Applicant _____
Date

Applicant's Name Printed

For Notary Use Only

State of _____, County of _____

On this _____ day of _____, 20____, _____

(Print Name of Applicant)

Personally appeared before me and signed the above affidavit in my presence.

Signature Notary Public _____
Printed Name of Notary Public

My Commission Expires. _____

My Commission Number: _____ (Seal)

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