

COUNCIL ON LAW ENFORCEMENT EDUCATION TRAINING  
PRIVATE SECURITY DIVISION

**Bail Enforcer Application**

Please read the following check list, making sure each requirement has been met with **all questions answered or checked**. An incomplete application will result in your application being returned to you for completion causing delay in the licensure process. All documents printed and mailed must be sent to CLEET in a single envelope. You must read and understand the statutes and rules applying to Bail Enforcement.

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**General Applicant Qualifications**

Please read OAC 390:60 and Title 59 O.S. § 1350 in their entirety before filling out this application. Applicant qualifications and disqualifications are explained throughout these rules and statutes.

**Education and Training Requirements**

All applicants must provide a copy of their high school diploma or GED. Applicants must submit documentation of training and testing completed through a CLEET approved training facility, with their completed application.

Listed below are the required courses for each license:

**Unarmed Bail Enforcer;**

Phase I, II, III, & V

**Armed Bail Enforcer.**

Phase I, II, III, IV, & V

Taser

OC Spray

**Current Psychological Evaluation**

A current psychological evaluation having been administered by a licensed psychologist in the State of Oklahoma shall be forwarded to CLEET from the administering psychologist. Retired-full-time officers are exempt from the psychological evaluation for a period of one-year from the date of retirement; provided there is no evidence of an inability to exercise appropriate judgment, restraint, self-control during prior active duty as a law enforcement officer and upon subsequent retirement.

**Applicant with an Arrest Record**

You must provide judgment & sentencing document(s) and court disposition document(s) that have been **certified** by the Court Clerk. Failure to disclose an arrest record and **certified** court documents will be grounds for denial of a license.

## BAIL ENFORCER CHECKLIST FOR COMPLETED APPLICATION

Please read the following check list making sure each requirement has been met. An incomplete application will result in your application being returned to you for completion causing delay in the licensure process. All documents printed and mailed, must be sent to CLEET in a single envelope. Documents dated older than 90 days will not be accepted.

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- Completed application with attachments including signatures, dates, and notarizations where applicable.  
\*Required forms can either require just the signature of the applicant, the signature of an employer, and/or the services of a notary public. Forms requiring a notarized signature must be signed in the presence of a valid notary public. Signature dates of the applicant and the notary must match. Any associated fees are the responsibility of the applicant. Please ensure that applicable forms or attestations are completed before submitting the application to CLEET for processing.
- Application fee. The following payment types are accepted: money order, cashier's check, or business check. Make all checks and money orders payable to CLEET. No cash or personal checks will be accepted via mail; however, **EXACT CASH** will be accepted if delivered in person.
- Two (2) current passport size color photographs (paper or plastic are NOT acceptable).
- Copy of your Identogo receipt. (Results are only good for 30 days.)  
\*To comply with CLEET's fingerprint requirement, please schedule an appointment with Identogo. CLEET will no longer accept fingerprints cards.
- Certified court documents showing the disposition of each arrest and or charge or a letter stating there is no record, if applicable. Please also include any certified court documents regarding Protective Orders in which you were the Respondent. If your case was dismissed, you still must provide the dismissal showing said dismissal.
- Release of Information Authorization; Oklahoma Department of Mental Health and Substance Abuse Services Consent to Release of Confidential Information, and Oath.
- If not a United States citizen, verifiable documentation of legal status (front and back of card).
- Local Police and Sheriff Department Records Checks (the city and county in which you reside).
- Copy of surety bond or certificate of insurance.
- \*It is important to notify CLEET if at any point you are no longer covered by said bond or insurance policy. Each licensee is responsible for obtaining and maintaining insurance and/or bond. **Failure to maintain compulsory insurance and/or bond could result in disciplinary action including fines and revocation of the license.**
- MMPI (must be submitted by the psychologist who administered the psychological evaluation).
- Documented proof of training and testing and a copy of your high school diploma/GED.
- Copy of valid driver license or state issued photo identification card.
- Photograph of your business (home or office) with the street address visible.

Please return completed application via mail or hand-delivery to:

CLEET Private Security  
2401 Egypt Road  
Ada, OK 74820

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
BAIL ENFORCER LICENSING - INDIVIDUAL APPLICATION**

**Applicant Information (use full legal name)**

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Driver License State of issue: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Previous or other names: (maiden, name change alias, nicknames or preferred names, or if not applicable put N/A)  
\_\_\_\_\_

**Contact Information**

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Physical Address (if different than mailing address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Type of License Requested (Check One)**

- |                          |                       |          |
|--------------------------|-----------------------|----------|
| <input type="checkbox"/> | Unarmed Bail Enforcer | \$300.00 |
| <input type="checkbox"/> | Armed Bail Enforcer   | \$400.00 |

**Payment required in full.**

**Forms of payment accepted: Money Order, Cashier's Check, Company Check (No Personal Checks will be accepted). Exact cash will only be accepted if paid in person. If check or money order is not signed it will be returned with application.  
Make checks and money orders payable to CLEET.**

***Information and other requirements: Applicant, please submit a copy of your current valid state issued photo ID or driver license with this application. The application process requires two passport sized (2"x2"), color photographs be submitted as well. Write your name on the back of the photographs and affix them inside this box.  
Attach Photos Here***

**Verification of Lawful Presence in the United States of America  
(all applicants must complete)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

I, \_\_\_\_\_, state under penalty of perjury under the laws of Oklahoma that the following is true and correct:

My place of birth is (city and state): \_\_\_\_\_

and that either (check one)

I am a United States Citizen (verification of citizenship)

or

I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States. For verification purposes, the U.S. Citizenship and Immigration Services require the I-94 Number and Alien Number. Please list them below. In addition, please attach a front and back copy of your card.

I-94 Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last four of Social Security Number

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*Applicants who are not citizens of the United States must attach US government documentation to show eligibility to work and hold licensure in the United States. Attach the documentation to or insert it behind this page.*

## Certification

The above referenced portion of the Oklahoma Security Guard and Private Investigator Act (the "Act") requires that all applicants certify that he or she have no disqualifying pleas or convictions as specified in the Act, or by CLEET. A list of disqualifying pleas and convictions is included with this application. Your application cannot be processed until such time as this certification is completed. Please note, knowingly submitting an application with false or misleading information to the Council is sufficient grounds to file felony charges against the applicant.

I, \_\_\_\_\_, do state under penalty of perjury under the laws of Oklahoma, that I have no disqualifying pleas or convictions as specified by the Oklahoma Security Guard and Private Investigator Act, or by CLEET, or that I have the following potentially disqualifying plea(s) or conviction(s) which I believe may be waived by CLEET pursuant to the Act but I have no other disqualifying pleas or convictions. I further certify that all statements made by me in conjunction with this application and pursuant to the Act are true and correct and that I have read, understand, and agree to comply with the provisions of the Act, CLEET administrative rules, and any other applicable law or rule.

List potentially disqualifying pleas or convictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

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

\_\_\_\_\_  
Date and Place

**RELEASE OF INFORMATION AUTHORIZATION**

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**WARNING:** This release is your voluntary authorization to the Council on Law Enforcement Education and Training, its employees and representatives, to both gather and release your personal information as needed to fulfill the requirements of Oklahoma statutes related to bail enforcement licensing. Once signed, this release will remain in effect until such time as CLEET is notified, in writing, that you wish to revoke this authorization. Please note, any person who knowingly makes a false statement, on any application to the Council on Law Enforcement Education and Training for a license pursuant to the Oklahoma Bail Enforcement and Licensing Act, or who otherwise commits a fraud in connection with such application, can be charged with a felony. See Title 59 § 1350.13.

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 employments; including time sheets, employment applications, resumes, performance evaluations, worker's compensation and/or insurance claims. Further, I authorize the release of any medical record, medical evaluation, and information related to, or an actual, criminal history, or other information which may be deemed confidential or protected, to any authorized representative or employee of the Council on Law Enforcement Education and Training for the purpose of determining my eligibility to obtain and retain a license as a Bail Enforcer.

I, \_\_\_\_\_, further authorize the Council on Law Enforcement Education and Training, its authorized representatives and employees, 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 the original.

\_\_\_\_\_

Original Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Applicant

**Oklahoma Department of Mental Health and Substance Abuse Services  
Consent for Release of Confidential Information**

Print Full Name (must include middle initial): \_\_\_\_\_

Last Four SSN: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Oklahoma Department of Mental Health and Substance Abuse Services to release to the Council on Law Enforcement Education and Training (CLEET) any and all information concerning whether I have ever been involuntarily committed to an Oklahoma State Mental Institution or home. This authorization is given as part of my CLEET application for a bail enforcer license. This consent shall expire upon notification from CLEET that I (applicant) am approved to receive a bail enforcer license.

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

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE DISEASE WHICH MAY INCLUDE, BUT NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). {63 OS 1-1502}(b).

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

There shall be a statement in **BOLD** face, stamped upon each page of the information release stating, "**THIS INFORMATION HAS BEEN DISCLOSED FROM RECORDS PROTECTED BY FEDERAL CONFIDENTIALITY RULES (42 CFR Part 2.). The federal rules prohibit you from making any authorization for release of medical or other information NOT sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.**"

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

\_\_\_\_\_  
Date

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
NOTIFICATION OF PSYCHOLOGICAL EVALUATION FOR  
ARMED SECURITY GUARD/ARMED PRIVATE INVESTIGATOR/BAIL ENFORCER

Title 59, Sections 1750.3 and 1350.8 of the Oklahoma Statutes requires that:

1. Each applicant for an armed security guard/armed private investigator/bail enforcer license must 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 shall be evaluated by a psychologist licensed by the State of Oklahoma.
3. It shall be the responsibility of the applicant to 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 shall employ whatever other psychological measuring instruments or techniques deemed necessary to form a professional opinion. The use of any psychological measuring 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 CLEET, within fifteen (15) days of the evaluation, even if the applicant is found to be psychologically AT RISK.
6. CLEET may utilize the results of the psychological evaluation for up to six (6) months from the date of evaluation.
7. Applicants who have been found AT RISK must wait at least one (1) year from the date of being found psychologically at risk to reapply for licensing.

**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 or Bail Enforcer, who will be vested with a position of public/private trust and will be authorized to carry a firearm. CLEET will only accept original form reflecting original signatures in black or blue ink.**

**INSTRUCTIONS**

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

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**Psychological Test Statement**

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

Psychologist Name: \_\_\_\_\_ State License Number: \_\_\_\_\_

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

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

Date test was administered: \_\_\_\_\_

**CHECK ONE OF THE FOLLOWING:**

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.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

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Signature of Psychologist

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Date and Place

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**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 or CLEET. No other release of this information, explicit or implied, is granted at this time.

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

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Signature of Applicant

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Date



## BAIL ENFORCEMENT RECORD STORAGE

- 1) Pursuant to 59 O.S. § 1350.9(B), you are required to maintain a physical address and phone number that is publicly available and published in the city or county where the physical address is located even if it is your residence. You are required to maintain complete records of all clients, defendants and apprehensions and agree that such records shall be available to CLEET for inspection at any time during regular business hours.
- 2) Pursuant to 59 O.S. §1350.14(5), CLEET has the authority to disclose the published address (listed below) to the public upon request unless you request to have your address withheld. If you wish to withhold your residential address from the public, you must provide a business or alternative address to CLEET for public dissemination.
- 3) Pursuant to 390:60-9-6, you must provide a photograph of the front of the business location to aid CLEET in locating your office/residence.
- 4) If you change the address below, CLEET requires a change of address and a new photograph of your office/residence).

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

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

If the address listed above is your residence, do you wish you withhold to the public?                      Yes                      No

If you answered yes to the above, please provide a business or alternative address for public dissemination below:

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

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

Phone Number:(\_\_\_\_\_) \_\_\_\_\_ Additional Phone Number:(\_\_\_\_\_) \_\_\_\_\_

Phone number(s) must be registered to the address given above.

## Background Information

*One of the leading causes of delays when processing an application is the failure of the applicant to provide required documentation on any criminal history, charge history (including traffic charges), arrest record or court ruling, to include federal, tribal, district, and municipal courts. This should include any documents related to being the respondent of a protective order. Please ensure that certified copies of any court document or orders are included regardless of the case outcome. Discovery that an applicant has submitted an application without fully disclosing their criminal history could result in, at a minimum, the immediate denial of the license being requested.*

## Record Notification and Authorization

(INITIAL)

- I understand that my fingerprints will be used to check the criminal records of OSBI and FBI.
- If there is a criminal history in question, I will be given the opportunity to change, correct, or update any information by notifying the appropriate arresting agency or court clerk.
- I have read and understand Page 11 (Privacy Act Statement and Applicant Notification and Record Challenge) of this document.
- I authorize CLEET to release, to me, any criminal finding from the FBI fingerprint return.

I have read, and understand the above information, and attest to my understanding by affixing my signature below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

***Please note: If the applicant does not reply to any letter received by CLEET Private Security Division within 30 days, the application cannot be processed and will be denied.***

## Privacy Act Statement and Applicant Notification

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Public Law 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or other responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Applicant Record Challenge:** Before a final decision is made, you have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record is set forth in Title 28, CFR 16.34. For information on updating the national criminal history record, visit [www.FBI.gov](http://www.FBI.gov) or <https://www.fbi.gov/cjis/identity-history-summary-checks#challenge-of-an-identity-history-summary>.

If certified documents are obtained for the purpose of updating your criminal history record, the documents should be forwarded to the FBI and to the repository in the state where the arrest occurred.

As of 02/13/2020

## LIST OF DISQUALIFYING OR POTENTIALLY DISQUALIFYING PLEAS AND CONVICTIONS

A conviction for a felony offense, including suspended sentence or deferred judgment.

Any conviction for one of the following offenses (whether felony or misdemeanor), including any suspended sentence or deferred judgment:

- 1- Larceny,
- 2- Theft,
- 3- False Pretense,
- 4- Fraud,
- 5- Embezzlement,
- 6- False personation of a police officer,
- 7- Any offense involving moral turpitude,
- 8- Any offense involving a minor as a victim,
- 9- Any nonconsensual sex offense,
- 10- Any offense involving the possession, use, distribution, or sale of a controlled dangerous substance,
- 11- Assault and battery,
- 12- Extortion,
- 13- Treason,
- 14- Murder,
- 15- Shoplifting,
- 16- Forgery,
- 17- Arson,
- 18- Kidnapping,
- 19- Smuggling contraband into a facility where prisoners are kept,
- 20- Perjury,
- 21- Tax evasion,
- 22- Unauthorized use of a motor vehicle,
- 23- Conspiracy to commit any of the offenses in this list,
- 24- Accessory after the fact to any offenses listed herein,
- 25- Hijacking,
- 26- Receiving or possession of stolen property,
- 27- Burglary,
- 28- Tax fraud,
- 29- Swindling,
- 30- Inciting or being involved in a riot,
- 31- Any conviction of civil rights violation,
- 32- Desertion,
- 33- Escape from jail, prison or custody,
- 34- Resisting Arrest,
- 35- Assault and battery upon a police officer,
- 36- False and bogus checks,
- 37- Terrorist activities,
- 38- Assist in suicide,
- 39- Bigamy
- 40- An attempt to commit one of the above offenses,
- 41- Entry of a final order of protection against an applicant or licensee

## Municipal and County Record Check Instructions and Requirements

*Applicant, before attempting to obtain records checks please read these instructions fully.*

*You have been provided 2 copies of the **RECORDS REQUEST FORM**, and it may be necessary for you to photocopy the provided form to obtain the required number of records check(s).*

### **Oklahoma Residents - (lived at their current address for more than ninety (90) days.)**

*\*Are required to obtain two records checks; one from the municipality's police department if applicable and one from the sheriff's office that serves the county in which you reside.*

### **Oklahoma Residents - (lived at their current address for less than ninety (90) days)**

*\*Required to obtain records checks from the municipality's police department if applicable and from sheriff's office that serves the county in which you currently reside **AND** a records check from the municipality's police department and sheriff's office that served any area in which you lived in the last ninety (90) days.*

### **Non-Resident - (does not live in Oklahoma)**

*\* Option 1 - obtain and provide to CLEET a local records check from your municipality and county*

*\*Option 3 - obtain and provide to CLEET a records check from the state agency that maintains your state's criminal records (example: Kansas Bureau of Investigation)*

PLEASE READ THE NOTICE BELOW

**ALL CRIMINAL HISTORY RECORDS MUST BE CERTIFIED BY THE AGENCY THAT HOLDS THE RECORDS. CLEET WILL NOT ACCEPT RECORDS THAT HAVE NOT BEEN CERTIFIED. FAILURE TO PROVIDE CERTIFIED DOCUMENTS WILL RESULT IN PROCESSING DELAYS.**

**Address History** - List below your address history for the past five (5) years and the dates during which you lived at each; starting with the most current.

1 Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DATES: From: \_\_\_\_\_ To: \_\_\_\_\_

2 Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DATES: From: \_\_\_\_\_ To: \_\_\_\_\_

3 Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DATES: From: \_\_\_\_\_ To: \_\_\_\_\_

4 Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DATES: From: \_\_\_\_\_ To: \_\_\_\_\_

5 Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DATES: From: \_\_\_\_\_ To: \_\_\_\_\_

6 Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DATES: From: \_\_\_\_\_ To: \_\_\_\_\_

7 Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DATES: From: \_\_\_\_\_ To: \_\_\_\_\_

8 Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DATES: From: \_\_\_\_\_ To: \_\_\_\_\_

### Criminal History Information

In the spaces below, list all charges, arrests, or citations for crimes committed as an adult in Oklahoma or any other state.

**\*Please Note: It is necessary for you to provide CERTIFIED court documents showing the disposition of each case. If the court no longer has these records, you MUST obtain and include a letter from the court clerk stating such.**

DATE: \_\_\_\_\_ City/County \_\_\_\_\_ State: \_\_\_\_\_

CHARGE: \_\_\_\_\_

Arrested: **Y** or **N (circle one)** Booked into Jail: **Y** or **N (circle one)**

PLEA ENTERED: guilty, not guilty, no contest, other (please specify other): \_\_\_\_\_

JUDGMENT: (guilty, not guilty, deferred, probation): \_\_\_\_\_

Final Disposition: \_\_\_\_\_

Notes: \_\_\_\_\_

DATE: \_\_\_\_\_ City/County \_\_\_\_\_ State: \_\_\_\_\_

CHARGE: \_\_\_\_\_

Arrested: **Y** or **N (circle one)** Booked into Jail: **Y** or **N (circle one)**

PLEA ENTERED: guilty, not guilty, no contest, other (please specify other): \_\_\_\_\_

JUDGMENT: (guilty, not guilty, deferred, probation): \_\_\_\_\_

Final Disposition: \_\_\_\_\_

Notes: \_\_\_\_\_

DATE: \_\_\_\_\_ City/County \_\_\_\_\_ State: \_\_\_\_\_

CHARGE: \_\_\_\_\_

Arrested: **Y** or **N (circle one)** Booked into Jail: **Y** or **N (circle one)**

PLEA ENTERED: guilty, not guilty, no contest, other (please specify other): \_\_\_\_\_

JUDGMENT: (guilty, not guilty, deferred, probation): \_\_\_\_\_

Final Disposition: \_\_\_\_\_

Notes: \_\_\_\_\_

DATE: \_\_\_\_\_ City/County \_\_\_\_\_ State: \_\_\_\_\_

CHARGE: \_\_\_\_\_

Arrested: **Y** or **N (circle one)** Booked into Jail: **Y** or **N (circle one)**

PLEA ENTERED: guilty, not guilty, no contest, other (please specify other): \_\_\_\_\_

JUDGMENT: (guilty, not guilty, deferred, probation): \_\_\_\_\_

Final Disposition: \_\_\_\_\_

Notes: \_\_\_\_\_

If additional spaces are required, please make a copy of this page, fill it out, and submit it with the rest of the application.

## Records Request Form

*The below named licensee is attempting to apply for an Oklahoma License authorized in Title 59 of the Oklahoma Statutes; specifically, Title 59 OS § 1350 et seq. The licensee is mandated to provide records checks from their local jurisdictions – municipal police department and county sheriff's office as appropriate according to their place of residence- to the Council on Law Enforcement Education and Training as part of the licensing process. It is required of the applicant to ask that this form be completed by the municipal police department and sheriff's office of their jurisdiction. **This form will not be accepted if completed by the municipal court clerk or the district court clerk.***

*To be completed by applicant:*

Applicants Full Name: \_\_\_\_\_

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

Please include any other name(s) you have gone by: \_\_\_\_\_

***This section to be completed by custodian of records where records are sought:***

Name of agency providing records: \_\_\_\_\_

There are no arrest records associated with the applicant's name.

Certified copy of arrest record is attached or provided.

***Please Note: Any cost associated with providing certified copies shall be born solely by the applicant named above and remitted to the record provider by means acceptable to the court.***

Completed by:

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Seal or Stamp (If applicable)



## Records Request Form

*The below named licensee is attempting to apply for an Oklahoma License authorized in Title 59 of the Oklahoma Statutes; specifically, Title 59 OS § 1350 et seq. The licensee is mandated to provide records checks from their local jurisdictions – municipal police department and county sheriff's office as appropriate according to their place of residence- to the Council on Law Enforcement Education and Training as part of the licensing process. It is required of the applicant to ask that this form be completed by the municipal police department and sheriff's office of their jurisdiction. **This form will not be accepted if completed by the municipal court clerk or the district court clerk.***

*To be completed by applicant:*

Applicants Full Name: \_\_\_\_\_

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

Please include any other name(s) you have gone by: \_\_\_\_\_

**This section to be completed by custodian of records where records are sought:**

Name of agency providing records: \_\_\_\_\_

There are no arrest records associated with the applicant's name.

Certified copy of arrest record is attached or provided.

***Please Note: Any cost associated with providing certified copies shall be born solely by the applicant named above and remitted to the record provider by means acceptable to the court.***

Completed by:

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Seal or Stamp (If applicable)

### Other Required Background Information

Y	N
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 Are you currently undergoing treatment for a mental illness condition or disorder?

*For the purpose of this question; "currently undergoing treatment ..." 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.*

Y	N
---	---

 Have you ever been adjudicated as incompetent?  

Y	N
---	---

 Have you ever been involuntarily committed to a mental institution?  

Y	N
---	---

 Do you have a history of illegal drug usage?  

Y	N
---	---

 Do you have a history of alcohol abuse?

If you answered YES on any of the questions above, please explain in detail why you marked yes:

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### Domestic Violence & Protective Order Information

Y	N
---	---

 Have you ever been charged and/or convicted for an act of domestic violence?  

Y	N
---	---

 Have you ever been convicted of violating a Protective Order?  

Y	N
---	---

 Have you ever been the respondent of a Protective Order?

If you marked YES on any of the questions above, please indicate the city, county, and state where the charges or protective order was filed as well as the name the charges or protective order was filed under. Include court certified documents with your application:

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**\*If "Y" is checked, in this box, please provide certified court documents regarding the disposition of the case.**

#### Employment Information- Must List the Last Five Years of Employment

Employer	City	State	From	To	Position