

**State of Oklahoma  
COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING**

**INDIVIDUAL LICENSE SUPPLEMENT  
LATE RENEWAL - SIX MONTHS TO THREE YEARS LATE**

1. Complete this supplement application in full.
2. Provide local record checks from the city and county of residence.
3. Provide proof of insurance or bond (or letter of employment from Agency if covered by employer's insurance).
4. Provide two (2) passport size color photographs. No paper or plastic photos accepted.
5. Pay the needed fee. *(Cashier's Check or Money Order - NO Personal Checks accepted)*
6. Provide Name Check Results from OSBI(must be original)
7. Provide a copy of your Driver's License or State Identification

Training or experience which qualified the individual for the previously held license will carry forward to the new license.

Please complete each line. Enter N/A if the line does not apply to you.

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<b>TYPE OF LICENSE REQUESTED: (CHECK ONE)</b>	<b>RENEWAL FEE</b>
<input type="checkbox"/> Unarmed Security Guard	\$50.00
<input type="checkbox"/> Armed Security Guard	\$100.00
<input type="checkbox"/> Unarmed Private Investigator	\$50.00
<input type="checkbox"/> Armed Private Investigator	\$100.00
<input type="checkbox"/> Armed Guard and Armed Private Investigator (Combination)	\$150.00

**Add \$25.00 late fee to above renewal prices.**

PAYMENT: \$ \_\_\_\_\_ Please pay with cashier's check or money order. *Fee must accompany this application.*

**APPLICANT DATA**

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

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

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

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

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

County of Residence: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

United States Citizen:  Yes  No (if No, attach verifiable documentation)

**EMPLOYMENT INFORMATION - LIST LAST THREE EMPLOYERS (Most Recent First)**

<i>Employer</i>	<i>City</i>	<i>State</i>	<i>From</i>	<i>To</i>	<i>Position</i>

**CRIMINAL HISTORY INFORMATION**

Initials \_\_\_\_\_

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 showing the disposition of each case. If the court no longer has these records, you must obtain a letter from the court clerk stating so.

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.

- 1. Have you ever been arrested, charged, or cited for a crime as an adult, in Oklahoma or any other state?  YES  NO  
 If yes, Date – City – State \_\_\_\_\_  
 What Crime \_\_\_\_\_
  - 2. Were you fingerprinted, photographed or booked into jail?  YES  NO
  - 3. Did the prosecutor file charges against you?  YES  NO  
 If "YES" make sure you include any court documents in your initial mailing.
  - 4. Did you appear before the court to enter a plea?  YES  NO  
 If "YES" indicate below the Plea you made to the court.  
 GUILTY       NOT GUILTY       NO CONTEST
  - 5. What was the finding of the court?  
 GUILTY       NOT GUILTY       NO CONTEST
- No matter the outcome of the case, you must send certified court documents.**
- 6. Are you currently on probation or a deferred sentence?  YES  NO
  - 7. Have you ever had any charge expunged by the court?  YES  NO

USE THIS SPACE FOR ADDITIONAL INFO

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

Street	City	State	Zip	From	To

**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.

- |                                                                                        |                              |                             |
|----------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Are you currently undergoing treatment for mental illness, condition or disorder?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you ever been involuntarily committed to an OKLAHOMA state mental institution? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you ever been adjudicated as incompetent?                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you have a history of illegal drug usage?                                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you have a history of alcohol abuse?                                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Have you ever been charged with an act of domestic violence?                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Have you ever 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.

**AUTHORITY TO RELEASE INFORMATION**

Oklahoma Statutes, Title 59, Section 1750.11, Paragraph B, states:

"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), 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 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 (Sign in front of notary)	Date	Printed Name of Applicant

**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 of 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**

\_\_\_\_\_, SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ SEX: \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Print full name including middle initial)

authorizes the 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 Private Security Guard or Investigators License.

This consent shall expire upon notification from CLEET that I (applicant) am approved to receive a security guard or private investigators 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 OR VANERIAL DISEASE WHICH MAY INCLUDE BUT NOT LIMITED TO DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFECIENCY VIRUS, ALSO KNOWN AS AQUIRED IMUNE DEFICIENCY SYNDROME (AIDS). {63 O.S. 1-1502} [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 release 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 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  
2401 Egypt Road – Ada, OK 74820*

**Affidavit Verifying Lawful Presence in the United States of America**

Effective 11/1/2007 all natural persons fourteen (14) years of age or older and present in the United States, applying for a license (new or renewal) or certification with CLEET are required, by the provisions of 56 O.S. Supp 2077 Section 71, to provide CLEET with verification of lawful presence in the United States by executing an Affidavit before a notary. Please complete the following affidavit. Select one of the options by placing your initials on the line in front of the appropriate option, have the form notarized and return to the address on the top of this form.

**Notice:** Any person who knowingly and willfully makes a false, fictitious or fraudulent statement of representation in this affidavit shall be subject to criminal penalties in 56 O.S. Supp 2077 Section 71

**Affidavit of:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Initial:** \_\_\_\_\_  
(Print or type Applicant's Full Name)

STATE OF OKLAHOMA

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, of lawful age, being first duly sworn, upon oath sates, under penalty of perjury,  
Applicant's Name as follows:

(Initial ONE Option Below)

\_\_\_\_\_ **Option 1 – Verification of Citizenship:** I am a United States Citizen.

\_\_\_\_\_ **Option 2 – Affidavit Verifying Qualified Alien Status:** 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 service's requires the I-94 Number and Alien Number. Please list your number(s) below.

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

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

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

X Last Four SS#: \_\_\_\_\_

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**FOR NOTARY USE ONLY**

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Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

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

(Seal)

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

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

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

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**Council on Law Enforcement Education and Training**  
2401 Egypt Road – Ada, OK 74820-0669  
(405) 239-5110 or fax (405) 239-5182

**Record Request Form**

*This form cannot be accepted if it is completed by the municipal (city) court clerk or district (county) court clerk.*

Request By: Council on Law Enforcement Education and Training

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

**INFORMATION FOR SEARCH:**

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

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

**Attention Local Law Enforcement Officials:**

The above named applicant is applying 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 the 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 records check is to ascertain an accurate background as possible. Oklahoma residents, who have resided at their current address for more than ninety (90) days, are required to 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 note they are the "keeper of records" for your area of residence (specify area).

Oklahoma residents, who have resided at your current address for less than ninety (90) days, are required to provide records checks from your current police department and sheriff's office and your previous police department and sheriff's office.

If you have lived in Oklahoma for less than six (6) months, are required to provide records checks from your current police department and sheriff's office (in Oklahoma) and your previous police department and sheriff's office (from your previous state of residency).

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

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

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

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

**NOTICE OF EMPLOYMENT**

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>SSN</u>	<u>License Number</u>	<u>Date Employed</u>
_____	_____	_____	XXX-XX- _____	_____	_____

- 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.

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**

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>LAST 4 OF SSN</u>	<u>License Number</u>	<u>Date Terminated</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 with five (5) days to CLEET. Failure to comply may result in fines and/or 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  
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, and Five Thousand Dollars (\$5,000.00) for security guards and 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.**

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- 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, and Five Thousand Dollars (\$5,000.00) for security guards and 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.

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- (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: \_\_\_\_\_