

State of Oklahoma  
**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING**  
**INDIVIDUAL LICENSE SUPPLEMENT**

LATE RENEWAL - SIX MONTHS TO TWO YEARS LATE

1. Complete this supplement.
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 or bond).
4. Provide two (2) passport size color photographs for one (1) license or three (3) photographs for two (2) licenses. **No paper or plastic photos accepted.**
5. Pay the fee.

Training or experience which qualified the individual for the previously held license will carry forward to the new license.  
 NOTE: Private Investigators are required to obtain eight (8) hours of CLEET approved continuing education annually.  
 Applicant must provide proof of training at time of renewal.

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

**1. TYPE OF LICENSE REQUESTED: (CHECK ONE)**

RENEWAL FEE

- |   |         |
|---|---------|
| <input type="checkbox"/> Unarmed Security Guard                                   | \$25.00 |
| <input type="checkbox"/> Armed Security Guard                                     | \$50.00 |
| <input type="checkbox"/> Unarmed Private Investigator                             | \$25.00 |
| <input type="checkbox"/> Armed Private Investigator                               | \$50.00 |
| <input type="checkbox"/> Armed Guard and Armed Private Investigator (Combination) | \$75.00 |

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

PAYMENT: \$ \_\_\_\_\_ Please pay with cashier's check or money order. Do not mail cash. **Personal checks are not accepted.** Fee must accompany application.

**2. APPLICANT DATA**

SSN: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 County of Residence: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ United States Citizen:  Yes  No  
 If No, attach verifiable documentation.

**3. EMPLOYMENT INFORMATION--LIST LAST THREE EMPLOYERS. (Most recent first)**

Employer	City	State	From	To	Position
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**4. 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. Have you ever been arrested, as an adult, in Oklahoma or any other state?  Yes  No

Date-City-State \_\_\_\_\_

What crime? \_\_\_\_\_

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

3. Once there, 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
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\_\_\_\_\_

\_\_\_\_\_

(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. If you were found guilty, what was the sentence of the court? (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 those charges expunged from your record by the court?  Yes  No  N/A

**5. 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.

**6. LIST YOUR RESIDENCES WITHIN THE LAST TWO YEARS. (Most Recent First)**

Street Address	City	State	Zip	From	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7. 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?
B. Have you ever been involuntarily committed to an OKLAHOMA state mental institution?
C. Have you ever been adjudicated as incompetent?
D. Do you have a history of illegal drug use?
E. Do you have a history of alcohol abuse?
F. Have you ever been charged with domestic violence?
G. Have you been convicted of violating a domestic violence order?

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

Blank lines for providing explanations for 'Yes' answers.

8. 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 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

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: \_\_\_\_\_

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

**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. § 1-1502.21 (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**

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>SSN</u>	<u>License Number</u>	<u>Date Employed</u>
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- 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**

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

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

**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).

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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.

Agencies must provide proof of insurance each calendar year by January 30th of the new year.

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**

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