Council on Law Enforcement Education & Training
Private Security Division

New License 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.

APPLICANT QUALIFICATION
18 years of age for unarmed license. Citizen of the United States or alien legally residing in the U.S. Not have been convicted of a felony or crime of Moral Turpitude unless waived by the Council pursuant to O.S. 59, Sect. 1750.5 (H)

APPLICANT WITH NO TRAINING
Individuals must complete the mandated training within 180 days from the date of the application. To acquire the mandated training provision, applicants must complete the CLEET approved course of training from one of the schools listed on our website, and pass the State Examination.

APPLICANTS WITH COMPARABLE TRAINING OR EXPERIENCE
You must send to CLEET proof of training experience with other documents you mail. Comparable training may be granted for Certified Peace Officers, Reserve Officers, Out-of-State Officers, Military Police, and the Oklahoma Correctional Training. CLEET may waive all or part of the mandate training upon proof that you were employed as a security guard or private investigator on a full-time basis for one (1) year of the last three (3) years immediately preceding the date of your application.

CURRENT PSYCHOLOGICAL EVALUATION
Active Reserve or full time Peace Officers are exempt from evaluation so long as a letter from the employing agency is provided, that indicates the applicant officer or reserve is in-fact currently on active status with that agency.

PRIVATE INVESTIGATORS
All applicant investigators must be affiliated with a licensed private investigative agency or purchase an agency license if self employed.

APPLICANT WITH ARREST RECORD
You must provide a JUDGEMENT & SENTENCING document, and COURT DISPOSITION. These MUST be CERTIFIED COURT COPIES. Failure to disclose arrest record will be grounds for denial of a license.
PRIVATE SECURITY CHECKLIST FOR COMPLETED APPLICATION

☐ Complete application with attachments including signatures, dates and notarizations where applicable. Documents dated older than 90 days will not be accepted.

☐ Payment Required in Full. NO CASH/NO PERSONAL CHECKS. Payment type's accepted: Money Order, Cashier’s Check or Company Check ONLY

☐ Two (2) current passport size color photographs - paper or plastic are not acceptable

☐ Two (2) legible CLEET fingerprint cards complete with all required data

☐ Judgment and Sentencing; certified by the court, or a letter of no record for each arrest and/or charge, if applicable (all questions on page 2 must be answered)

☐ Authority to release personal information; consent to release mental health and substance abuse records

☐ If not a United States Citizen, verifiable documentation of legal residence

☐ Local Police and Sheriff Department Record Checks (the City and County in which you reside)

☐ Letter of Employment (if applicable) or Current Bond

☐ MMPI (Armed License ONLY)

☐ Documented proof of experience or comparable training (if applicable)

☐ Copy of driver's license or identification card

☐ OSBI name check if applying for unarmed conditional – must be original (no faxes, copies or emails)

☐ Agency application (required if self-employed private investigator)

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

PLEASE READ BEFORE STARTING THE APPLICATION PROCESS

Frequently Asked Questions on Criminal History Page 2 of application

**Do I have to include everything?**
Yes, include all arrests, charges, convictions, and citations that you have incurred as an adult. The only exception is where you have filed civil lawsuit in District Court to seal criminal records and a District Judge ordered the criminal records be sealed.

**Do I need to include traffic offenses?**
Yes, if you were arrested. However traffic offenses generally will not disqualify you from holding a license.

**Do I need to include juvenile arrests and adjudications?**
Juvenile offenses need not be included on page 2, unless you were adjudicated delinquent for a felony offense in the past ten (10) years, or a youthful offender.

**What offenses will disqualify me from holding a CLEET license?**
The disqualifying offenses are listed in Appendix A of the CLEET rules book. A rules book can be obtained on the CLEET website at www.ok.gov/cleet.

**Can you tell me if I’ll get a license before I pay my money?**
No, State Law mandates that everyone has a right to apply. Once the application is received, the funds are entered and the application will be processed in a timely manner.

**What if I can’t acquire court documents for my criminal history?**
Every charge, conviction, citation, or arrest on your record needs to have a certified court document attached. If there is no court record, you need to request a certified letter of ‘No Record’ from that court.

**Do deferred sentences count as convictions?**
No, deferred sentences are treated differently by state law. However, a deferred sentence may disqualify you from holding a license if it is listed as a disqualifier in Appendix A of the CLEET rules book and you are currently serving the deferred sentence. Please provide a certified copy of the judgment and sentencing.

**Can you tell me what I should do to get my criminal history expunged?**
No, CLEET representatives may not give legal advice. An attorney should be sought if you are interested in getting your criminal history expunged.

**Can these court documents be faxed directly to CLEET?**
No, we need certified copies from the court.
APPENDIX A. DISQUALIFYING CONVICTIONS

In addition to those crimes specified in 59 O.S., Section 1750.1, et seq., the following is a list of additional crimes which may disqualify a person from obtaining or holding an unarmed or armed security guard license, or a private investigator license:

1. Assault and Battery
2. Then (Petty or Grand)
3. Larceny (Petty or Grand)
4. Any sex offense – including pornography
5. Any offense involving Controlled Dangerous Substances
6. Fraud
7. Extortion
8. Treason
9. Murder
10. Manslaughter
11. Shoplifting
12. Forgery
13. Arson
14. Kidnapping
15. Perjury
16. Tax Evasion
17. Unauthorized use of a Motor Vehicle
18. Conspiracy to commit any of offenses listed herein
19. Accessory after the fact to any offenses listed herein
20. Hijacking
21. Receiving or Possession of Stolen Property
22. Burglary
23. Tax Fraud
24. Swindling
25. Inciting or being involved with a riot
26. Any conviction of a civil rights violation
27. Desertion
28. Escape from jail, prison, or custody
29. Resisting Arrest
30. Assault and Battery upon Police Officer
31. False and Bogus Checks
32. Terrorist Activities
33. Assist in Suicide
34. Bigamy
35. An attempt to commit one of these offenses
36. Entry of a Final Order of Protection against an applicant of licensee
INDIVIDUAL LICENSE APPLICATION

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

Have you ever applied for a private security license with CLEET before? YES [ ] NO [ ]
Have you ever held a private security license in another state? YES [ ] NO [ ]
If yes what state(s)? __________________________________________

TYPE OF LICENSE REQUESTED (CHECK ONE) COST

☐ Unarmed Security Guard $91.00
☐ Armed Security Guard $141.00
☐ Unarmed Private Investigator $91.00
☐ Armed Private Investigator $141.00
☐ Unarmed Guard and Private Investigator (combination) $141.00
☐ Armed Guard and Private Investigator (combination) $191.00

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: ________________________________________________ Contact Number: __________________________

Height: ________ Weight: ________ Eye Color: __________________________ Hair Color: __________________________

Place of Birth: ____________________________________________________________ United States Citizen: [ ] Yes [ ] No
(if no, attach verifiable documentation)

Email Address: ____________________________________________________________

QUALIFICATION FOR LICENSE

☐ Conditional Provision: Applicant is working unarmed for a licensed agency and will complete mandated training and testing within 180 days from date of application

☐ Mandate Training Provision: Applicant has completed the CLEET approved course of training and passed the State Examination for a private security license

☐ Comparable Training Provision (Documentations Required) Check One:

☐ Certified Oklahoma Peace Officer ☐ Military Police (Provide DD 214; it must show military police)
☐ Certified Oklahoma Reserve Officer ☐ Out of State Full-Time Police Officer
☐ Other: Attach Documentation of training

☐ Experience Provision (Documentation Required – Letter of Employment, or payroll records reflecting 1 year full time employment within the past 3 years) This waiver of training applies to experience gained outside of Oklahoma, or in a position which did not require a license.

EMPLOYMENT INFORMATION — LIST LAST THREE EMPLOYERS BEGINNING WITH CURRENT PLACE OF EMPLOYMENT AND INCLUDE NON SECURITY AND/OR PI POSITIONS

<table>
<thead>
<tr>
<th>Employer</th>
<th>City</th>
<th>State</th>
<th>From</th>
<th>To</th>
<th>Position</th>
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Print your name on the back of photos and attach here.

Passport size color photos.

Revised 06/07/2017 Page 1
CRIMINAL HISTORY INFORMATION - Initial that you have read each line

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 court 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 Statues.

1. List below all arrest, charges, or citations for a crime as an adult, in Oklahoma or any other state?
   Date _____________________ City __________________ State ___________________
   What Crime ____________________________ YES NO

   Date _____________________ City __________________ State ___________________
   What Crime ____________________________ YES NO

   Date _____________________ City __________________ State ___________________
   What Crime ____________________________ YES NO

2. Were you fingerprinted, photographed or booked into jail?
   YES NO

3. Were charges filed against you?
   If "YES" make sure to include any certified court documents with this application.
   YES NO

4. Did you appear before the court to enter a plea?
   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/dismissed by the court?
   YES NO

8. Are any criminal charges presently pending against you?
   YES NO

9. Have you ever been respondent/defendant in a Victims Protective Order?
   YES NO

10. Have you ever gone by another name including maiden?
    If yes, what were the names? ____________________________
    If yes, you must have a county & city records check for each name.

   If you answer yes to any of the questions above please attach letter of explanation.

   ****Attach a copy of a valid driver’s license or identification card****

LIST YOUR LAST THREE RESIDENCES (List most recent first)

<table>
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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>From-Month/Year</th>
<th>To-Month/Year</th>
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Revised 06/07/2017
BOND / INSURANCE CERTIFICATION
- Attach proof of bond or insurance to this application.
- If you are covered by your employer’s insurance, please attach a letter of employment.
- You must Notify CLET 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.

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? YES NO
2. Have you ever been involuntarily committed to an OKLAHOMA state mental institution? YES NO
3. Have you ever been adjudicated as incompetent? YES NO
4. Do you have a history of illegal drug usage? YES NO
5. Do you have a history of alcohol abuse? YES NO
6. Have you ever been charged with an act of domestic violence? YES NO
7. Have you ever been convicted of violating a domestic violence order? YES NO

If you answered “Yes” to questions 1 – 5 above, please have the attached medical release form completed by your treating physician and return with the application.

If you answered “Yes” to questions 6 or 7 above, please give detailed explanation. You may attach additional pages. Provide date(s) of occurrence.

ARMED LICENSE ONLY
I, ___________________________ hereby certify that:

a. I am in the process of obtaining an armed security guard license pursuant to 59, O.S. Section 1750.1 et seq.;
b. 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 or private investigator;
c. Under the penalties of perjury I declare that the above is true and correct.

_______________________________  _______________________________  ___________________
Signature of Applicant Printed Name of Applicant Date

PSYCHOLOGICAL EVALUATION (Required for armed only)
Before attending the firearms training, a psychological evaluation must be completed and evaluated. The Psychological Evaluation Affidavit included with the instructions, must be completed and sent directly to CLET by the examining Psychologist.

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

Revised 06/07/2017
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 certify that I am not currently undergoing treatment for a mental illness, condition, or disorder. For purposes of this subsection, "currently undergoing treatment for mental illness, condition, or disorder" means the person has been diagnosed by a licensed physician or psychologist as being afflicted with a substantial disorder of thought, mood, perception, psychological orientation, or memory that significantly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life and such condition continues to exist.

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

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

I hereby authorize any individual or any agency, governmental, private or otherwise, to release on a confidential basis, 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.

<table>
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<tr>
<th>Original Signature of Applicant</th>
<th>Date</th>
<th>Printed Name of Applicant</th>
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</table>

FOR NOTARY USE ONLY

State of __________, County of __________

On this _______ day of __________, 20____, _____________________

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: __________________________

Revised 06/07/2017
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

____________________________________________
SSN: _____-____-______ SEX: _____ DOB: _____ / _____ / _____

(Print full name including middle initial)

authorsizes 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 IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE 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
Record Notification and Authorization:

Initials

______ I understand that my fingerprints will be used to check the criminal records of the OSBI & FBI.

______ I will be provided the opportunity to complete, or challenge the accuracy of any criminal history information found.

______ 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 understand if I do not reply to any letter received from CLEET Private Security within 45 days, my application for licensure cannot be processed and will ultimately be denied for Failure to Provide Background Information according to O.A.C. 390:35-7-4 or Failure to Submit an Accurate and Complete Application according to O.A.C. 390:35-7-3.

______ I as the applicant hereby authorize CLEET to release to me any criminal findings from the FBI fingerprint return.

Printed Name of CLEET applicant

Signature of CLEET applicant  Date
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 CLEFT are required, by the provisions of 56 O.S. Supp 2077 Section 71, to provide CLEFT 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: __________

STATE OF OKLAHOMA

COUNTY OF ___________________________

I, ___________________________, of lawful age, being first duly sworn, upon oath states, under penalty of perjury, 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 ___________________________ X Last Four SS#: __________

Signature of Applicant

FOR NOTARY USE ONLY

Subscribed and sworn to or affirmed before me this _____ day of __________, 20__, by

________________________________________

Applicant Name

________________________________________

Notary Public

Commission Number: ___________________________ Commission Expires: ___________________________
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)
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: ________________

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□ Copy of record attached
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Completed By: ____________________________ Title: ____________________________
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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)
COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
EMPLOYMENT OR TERMINATION FORM

AGENCY LICENSE #: ___________________________ CITY/STATE: ___________________________

AGENCY NAME (as on license): ___________________________________________________________

Please do NOT list employments and terminations on the same form.

Use ONE form for each employment OR termination. Please note in margin if person is deceased.

Pursuant to Rule 390:35-I1-2 Licensed security agencies and investigative agencies shall notify CLEET, in writing, of the employment and/or termination of all licensed security guards, armed security guards, or private investigators employed or terminated by said agency. Notification shall be made within five (5) days of the employee's hiring and/or termination, and shall include the employee's name, social security number, and private security license number. Failure to comply may result in fines and/or penalties being assessed Pursuant to Rule 390:35 Appendix ‘C’.

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>SSN</th>
<th>License Number</th>
<th>Date Employed</th>
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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.

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 __________

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>LAST 4 OF SSN</th>
<th>License Number</th>
<th>Date Terminated</th>
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Comments: ______________________________________________________

Print Name of Manager or Designee ____________________________ Signature of Manager or Designee ____________________________ Date __________

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Print Name of Manager or Designee ____________________________ Signature of Manager or Designee ____________________________ Date __________

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.

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.


(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:

That we, _______________________________________________, as Principal and, _______________________________________________, as Surety, are authorized to conduct business in the State of Oklahoma, to 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 him resulting from any wrongful act or omission, whether intentional or negligent, that arise 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

Surety

Attorney-in-Fact

Oklahoma Insurance License Number

By

Attach Original Power of Attorney

Agents Name (Please Print) __________________________ Telephone Number: ( ) __________________________

Address (City, State, Zip) __________________________

________________________________________________
COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
NOTIFICATION OF INSURANCE COVERAGE BY CARRIER
Security Guards and Private Investigators
NOTICE TO INSURANCE COMPANIES

Statutory requirements: Title 59, Oklahoma Statutes § 1750.1 et seq.
J. 1 All persons and agencies shall obtain and maintain liability coverage in accordance with the following minimum standards:
   a General liability insurance coverage for bodily injury, personal injury, and property damage, with endorsements for personal injury including false arrest, libel, slander, and invasion of privacy, or
   b A surety bond that allows persons to recover for actionable injuries, loss, or damage as a result of the willful or wrongful acts or omissions of the principal and protects this state, its agents, officers and employees from judgments against the principal or insured licensee, and is further conditioned upon the faithful and honest conduct of the principal's business.

2 Liability coverage and bonds outlined in this section shall be in the minimum amounts of One Hundred Thousand Dollars ($100,000.00) for agencies, Ten Thousand Dollars ($10,000.00) for armed security guards, 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.

(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:

- Name of Insured
- Name and address of Insurer
- Policy limits, coverage and amounts
- 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
- ☐ Armed security guard coverage
- ☐ 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: __________
Title 59, Section 1750.3A 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 or reflection of original signatures using black or blue ink only.

INSTRUCTIONS

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

Psychological Test Affidavit

Applicant Name:__________________________  SSN: ________________________________

Psychologist Name: __________________________  State License Number: ____________

Address: ___________________________  City: _____________  Telephone: ______________

Test:  □ MMPI  □ Other (List additional instruments): _________________________________

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

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

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

_________________________________________  ________________________________
Signature of Psychologist  Date

Date determined to be CAPABLE for an armed license: __________________________

Date determined to be AT RISK for an armed license: __________________________

Date determined that FURTHER TESTING was needed: __________________________

Sworn and Subscribed before me this _______ day of ________________, 20__________
(SEAL)

_________________________________________  ________________________________
Signature Notary Public  Printed Name of Notary

My Commission Expires: __________________________  My Commission Number: ____________

Release of Psychological Information

1. 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 or this information, explicit or implied, is granted at this time.

School Name: __________________________

_________________________________________  ________________________________
Signature of Applicant  Date