

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

Please read OAC 390:35 in its entirety as well as Title 59 § 1750 in its entirety before filling out this application. Applicant qualifications and disqualifications are explained throughout these rules and statutes.

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 the CLEET website, and pass the state examination. For more information read Title 59 § 1750.5(E)(1-6) and OAC 390:35-5-3.

Applicants with Comparable Training or Experience OAC390:35-15-1(j)(1-4)

You must send proof of your training experience with all other documents.

Comparable training may be granted for Oklahoma Certified Peace Officers (in good standing), Oklahoma Reserve Officers (in good standing), Out of State Officers (in good standing), and Military Police who worked on a full-time basis for one year of the last three years immediately preceding the date of your application.

CLEET may waive all or part of the mandated training upon proof that you were employed as a security guard or private investigator on a full-time basis for one year of the last three years immediately preceding the date of your application.

Current Psychological Evaluation

Active, full-time peace officers are exempt from the psychological evaluation that is required for armed security guard applicants. Retired, full-time officers are exempt from the psychological evaluation for a period of one-year from the date of retirement. Reserve peace officers are not exempt from the psychological evaluation required for an armed security guard license unless they are in the active service of a law enforcement agency as a reserve peace officer at the time of application.

Private Investigators

All applicant investigators must be affiliated with a licensed private investigator agency or purchase an agency license if self-employed.

Applicant with an Arrest Record

You must provide judgment & sentence document(s), and court disposition(s). **These must be certified court documents.** Failure to disclose an arrest record will be grounds for denial of a license.

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
PRIVATE SECURITY LICENSING - INDIVIDUAL APPLICATION**

Applicant Information

Last Name: _____ Suffix: _____

First Name: _____ Middle Name: _____

Social Security Number: _____ / _____ / _____ Date of Birth: _____

Gender: ___ Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Driver License State of issue: _____ License Number: _____ Expiration: _____

Previous Names: (maiden, name change or alias):

Place of Birth (city and state): _____ United States Citizen: **Y** or **N** (circle one)
Applicants who are not citizens of the United States must attach US government documentation to show eligibility to work and hold licensure in the United States. Attach the documentation to the Lawful Affidavit Form provided in the application.

Contact Information

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Physical Address (if different than mailing address): _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone number: _____ or Cell Phone number: _____

Email address: _____

Information and other requirements: Applicant, please submit a copy of your current valid driver license with this application. The application process requires two **passport sized, color photographs be submitted as well.** Write your name on the back of the photographs and affix them inside this box.

Attach photos here

Print Name (Last, First, Middle Name): _____

Type of License Requested (Check One)

<input type="checkbox"/>	Unarmed Security Guard	\$91.00
<input type="checkbox"/>	Unarmed Private Investigator	\$91.00
<input type="checkbox"/>	Armed Private Investigator	\$141.00
<input type="checkbox"/>	Armed Security Guard	\$141.00
<input type="checkbox"/>	Combination Unarmed Security Guard and Unarmed Private Investigator	\$141.00
<input type="checkbox"/>	Combination Armed Security Guard and Armed Private Investigator	\$191.00

License Qualification(s) (Check Applicable Box)

Conditional License - Once you receive this license you may work unarmed for a licensed agency and you will need to complete any mandated training and testing within 180 days from date of application.

Mandate Training - You have completed the CLEET approved course of training and passed the State Examination for the license that is being applied for.

Comparable Training Provision (additional documentation required - see below)

- Certified Peace Oklahoma Peace Officer
- Military Police - Must include DD-214 that shows Military Police
- Comparable Training Provision (Documentation is required)
- Certified Oklahoma Reserve Officer
- Out of State Full Time certified officer (Attach training and letter of good standing)
- Other: Must attach all documentation relevant to comparable training.

Experience Provision - (Additional Documentation Required, i.e. - letter of employment, or payroll records reflecting at least 1 year of full time employment in the area of the license applied for within the last three years.) This waiver of training applies to experience gained outside of Oklahoma in a position applicable to the license requested, or in a position which did not require a license. You must also provide a letter of good standing from your original licensing state.

Please Note: By checking **Comparable Training** or **Experience Provision** the processing of your application will be extended to allow for a comparison of the submitted training to the Oklahoma standards and guidelines. For **Comparable Training** to apply you must also meet the **Experience Provision**. You must have met the one year of full time employment for the comparable training to apply. See rule 390:35-15-1(j)(1-4).

Payment required in full.

Forms of payment accepted: Money Order, Cashier's Check, Business Check

No Personal Checks will be accepted.

Cash will only be accepted if delivered in person.

Forms and Attestations

Required Forms can either require just the signature of the applicant, the signature of an employer, and/or the services of a notary public. Forms requiring a notarized signature must be signed in the presence of a valid notary public. Signature dates of the applicant and the notary must match. Any associated fees are the responsibility of the applicant. Please ensure the applicable forms or attestations are completed before submitting the application to CLEET for processing.

Bond/Insurance Certification Attach proof of bond or insurance to this application.

Special note: If you are covered by your employer's insurance, please attach a notice of employment. It is important to remember to notify CLEET if at any point you are no longer covered by said bond or insurance policy. Each licensee is responsible for obtaining and maintaining insurance or bond when not employed by an agency and/or if the licensee is self-employed. Failure to maintain compulsory insurance and or bond could result in disciplinary action including fines and revocation of the license.

Affidavit Verifying Lawful Presence in the United States of America
(all applicants must complete)

Affidavit of:

Last Name: _____ First Name: _____ Middle Name: _____

STATE OF OKLAHOMA

COUNTY OF: _____

I, _____, of lawful age, being first duly sworn, and upon oath, state under penalty of perjury:

that either

_____ I am United States Citizen (verification of citizenship)

or

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

I-94 Number: _____

Alien Number: _____

Signature of Applicant

Last four of Social Security Number

For Notary Public Use Only

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public Signature

Commission Number: _____

(SEAL)

My Commission Expires: _____

Title 59 O.S. § 1750.5 (H)(6)(e) - Oath

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

Instructions:

Notary - Please administer the following oath by reading it to the applicant: **"I do solemnly state, under penalty of perjury, that I have no disqualifying conviction as specified by the Oklahoma Security Guard and Private Investigator Act, or by CLEET."**

Indicate the applicant's response: (either yes or no) _____

By affixing my name below, I do further affirm that I have no disqualifying conviction(s) as specified in the above referenced statutory Act.

Applicant Printed Name

Applicant Signature

This affidavit was signed and acknowledged before me on the ___ day of _____, 20__.

by: _____
Print name of signer(s)

Notary Public Signature

My Commission Number: _____

(Seal)

My Commission expires: _____

RELEASE OF INFORMATION AUTHORIZATION

WARNING: This release is your voluntary authorization to the Council on Law Enforcement Education and Training, its employees and representatives, to both, gather and release your personal information as needed to fulfill the requirements of Oklahoma statutes related to private security licensing. Once signed, this release will remain in effect until such time as CLEET is notified, in writing, that you wish to revoke this authorization. Please note, any person who knowingly makes a false statement, on any application to the Council on Law Enforcement Education and Training for a license pursuant to the Oklahoma Security Guard and Private Security Act, or who otherwise commits a fraud in connection with such application, can be charged with a felony. (Title 59 § 1750.11(B))

I, _____, hereby authorize any individual or any agency - governmental, private or otherwise - to release, on a confidential basis, any information regarding my present and past employments; including time sheets, employment applications, resumes, performance evaluations, worker's compensation and/or insurance claims. Further, I authorize the release of any medical record, medical evaluation, and information related to, or an actual, criminal history, or other information which may be deemed confidential or protected, to any authorized representative or employee of the Council on Law Enforcement Education and Training for the purpose of determining my eligibility to obtain and retain a license as a security guard, armed 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, its authorized representatives and employees, to release to any law enforcement agency or employer, information held by the Council concerning my application.

A copy of this authorization is agreed by the undersigned to have the same effect and force as the original.

Original Signature of Applicant (sign in front of notary) _____
Date

Printed Name of Applicant

NOTARY PUBLIC USE ONLY

State of: _____, County of: _____
Sworn and Subscribed before me on this _____ day of _____, 20____

Signature of Notary Public (SEAL)

Printed name of Notary

My Commission expires: _____
My Commission number: _____

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

Print full name including middle name

SSN: _____ - _____ - _____ Gender: _____ DOB: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

authorizes the Oklahoma Department of Mental Health and Substance Abuse Services to release to the Council on Law Enforcement Education and Training (CLEET) any and all information concerning whether I have ever been involuntarily committed to an Oklahoma State Mental Institution or home. This authorization is given as part of my CLEET application for a Private Security Guard or Private Investigators License. This consent shall expire upon notification from CLEET that I (applicant) am approved to receive a security guard or private investigator 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 his consent expires in ninety (90) days from the date of signing or upon conditions described above, unless a longer period has been specified.

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

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

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

Signature of CLEET Applicant

Date

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

Title 59, Section 1750.3A of the Oklahoma Statutes requires that:

1. Each applicant for an armed security guard/armed private investigator/bail enforcer licenser be administered any current standard form of the Minnesota Multiphase 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 perscribed by CLEET, withing 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 license as an Armed Security Guard or Armed Private Investigator, who will be vested with a position of public/private trust and will be authorized to carry a firearm. CLEET will only accept the original form reflecting original signatures using black or blue ink only.

INSTRUCTIONS

Complete this form and return to: CLEET Private Security, 2401 Egypt Road, Ada, OK 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 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 requires **FURTHER TESTING** before a conclusive determination can be made.

 Signature of Psychologist _____
 Date

 Date Tested Date Determined to be **CAPABLE** for an armed license: _____
 Date Determined to be **AT RISK** for an armed licesne: _____
 Date Determined that **FURTHER TESTING** was needed: _____

Sworn and Subscribed before me this ____ day of _____, 20____ (Seal)

 Signature of Notary Public _____
 Printed Name of Notary

My Commission Expires: _____ My Commission Number: _____

Release of Psychological Information

I, _____, hereby willingly subject myself to a psychological evaluation by a licensed psychologist as required by 59 O.S. 1750.3(A). I hereby reserve the right to have the psychological data and conclusions for the psychologist remain confidential except on this form to the school listed below or CLEET. No other release of this information, explicit or implied, is granted at this time.
 School Name: _____

 Signature of Applicant _____
 Date

**TO BE COMPLETED BY:
ARMED SECURITY GUARD or ARMED PRIVATE INVESTIGATOR APPLICANTS**

Psychological Evaluation - Before attending the firearms training, a psychological evaluation must be completed and evaluated. The Psychological Evaluation affidavit, included with this application, must be completed and sent directly to CLEET by the examining Psychologist.

**Special note: The results of the psychological evaluation are valid for only six (6) months. Applicants must have a current evaluation at the time of application for a license. Title 59 § 1750.3(C)*

NOTICE

Receipt of a license in no way indicates the applicant's compliance with Federal laws regarding the ownership, use, or possession of a firearm. Additionally, possession of this license does not indicate the bearer is able to possess, purchase, or receive a firearm under federal law. The applicant is solely responsible for compliance with applicable federal law.

All applicants, armed and unarmed, will be checked through the Oklahoma Department of Mental Health and Substance Abuse's database for involuntary commitment to an Oklahoma State mental institution. (Authorization for this check is located elsewhere in this application and must be completed to continue processing.) Positive responses from ODMHSS will require further documentation and you will be notified on how to provide such documentation. Delays in processing should be expected while determinations are made regarding your license.

By placing my initials in the box I certify that I have read and understand the above, and that I am seeking an armed private investigator, armed security guard, or a combination license for armed guard and armed private investigator.

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

Agency License #: _____ City/State: _____
 Agency Name (as on license): _____

Use One form for each employment period. Please note in margin if person is deceased.

Pursuant to Rule 390:35-11-2 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'.

NOTICE OF EMPLOYMENT

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Last four of SSN</u>	<u>License Number</u>	<u>Date Employed</u>

Employee:

- | | | |
|--|-----|------------------------------|
| <input type="checkbox"/> The individual named above has been employed as a security guard. | [] | Continued Employment Renewal |
| <input type="checkbox"/> The individual named above has been employed as a private investigator. | [] | INACTIVE EMPLOYEE EFFECTIVE: |

A. Leave Begin: _____/_____/_____

B. Return to Duty: _____/_____/_____

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.

<u>Print Name of Manager or Designee</u>	<u>Signature of Manager or Designee</u>	<u>Date</u>
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CONTRACTOR: PER 59 O.S. 1750.2(7)

- The individual named above is a CONTRACT security guard (also referred by some as a 1099 contractor or independent contractor).

This notice of employment is to inform CLEET that the above person has been employed by this agency as a contractor and will provide his/her own bond coverage. **Proof of the bond coverage must be attached with this notice of employment.** (Unarmed Security Guards \$5,000 and Armed Security Guards \$10,000)

<u>Print Name of Manager or Designee</u>	<u>Signature of Manager or Designee</u>	<u>Date</u>
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NOTICE OF TERMINATION

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

Comments: _____

<u>Print Name of Manager or Designee</u>	<u>Signature of Manager or Designee</u>	<u>Date</u>
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SIGNATURE OF MANAGER OR DESIGNEE REQUIRED FOR ACCEPTANCE

**Notification of Insurance Coverage By Carrier
NOTICE TO INSURANCE/BOND COMPANIES**

STATUTORY REQUIREMENTS: Title 59 O.S. § 1750.5 (J)(1-4)

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 coverages 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 armed private investigators, or combination armed license; and Five Thousand Dollars (\$5,000.00) for unarmed security guards and self-employed unarmed 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 coverages 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.

CLEET Rules: 390:35-11-3

(c) Proof of insurance or surety bond shall be provided 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, coverages, and amounts
- (4) Effective dates of policy
- (5) If covered by a bond, the original bond proof of coverage must include an original or copy of the Notification of Bond and Power of Attorney. Proof of renewal of the bond does not require a copy of the Power of Attorney, only submissions of the Notification of Bond.

(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 (Self-employed unarmed private investigator or unarmed guard)
- \$10,000 (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 private investigator or unarmed security guard
- Armed private investigator or armed security guard

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 by the statute noted 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 CLEET. 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) _____

Notification of Insurance Coverage By Carrier

NOTICE TO INSURANCE/BOND COMPANIES

STATUTORY REQUIREMENTS: Title 59 O.S. § 1750.5 (J)(1-4)

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 coverages 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 armed private investigators, or combination armed license; and Five Thousand Dollars (\$5,000.00) for unarmed security guards and self-employed unarmed 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 coverages 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.

CLEET Rules: 390:35-11-3

(c) Proof of insurance or surety bond shall be provided 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, coverages, and amounts
- (4) Effective dates of policy
- (5) If covered by a bond, the original bond proof of coverage must include an original or copy of the Notification of Bond and Power of Attorney. Proof of renewal of the bond does not require a copy of the Power of Attorney, only submissions of the Notification of Bond.

(d) Any company providing insurance or surety bonds must be licensed to do business in the State of Oklahoma.

Name of Insured: _____

This policy Includes:

CHECK ONE

<input type="checkbox"/>	Unarmed Security Guard Coverage
<input type="checkbox"/>	Armed Security Guard Coverage
<input type="checkbox"/>	Unarmed Private Investigator Coverage
<input type="checkbox"/>	Armed Private Investigator Coverage
<input type="checkbox"/>	\$5,000.00 (Self-Employed unarmed private investigator or unarmed guard)
<input type="checkbox"/>	\$10,000.00 (self-employed armed private investigator or armed guard)
<input type="checkbox"/>	\$100,000.00 (other guards and/or investigators employed)

Number of Employees:

<input type="checkbox"/>	Self-Employed
<input type="checkbox"/>	Other Guards and/or Investigators

Amount of Coverage:

CHECK ONE

Name of Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ OK Insurance License #: _____

Company Affording Coverage: _____

Policy Number: _____ Issue Date: _____ Expiration Date: _____

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_____

Signature of Notary Public: _____

Printed Name of Notary: _____

(Seal)

My Commission Expires: _____ My Commission Number: _____

Background Information

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

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

Printed Name

Signature: _____ *Date:* _____

Record Notification and Authorization

Initials

- I understand that my fingerprints will be used to check the criminal records of the OSBI and FBI.
- If there is a criminal history in question, I will be given the opportunity to change, correct, or update any information by notifying the appropriate arresting agency or court clerk. Additionally, you may submit an Identity History Summary challenge to the FBI's CJIS Division by writing the following address: FBI CJIS Division, Attention: Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306.
- I authorize CLEET to release, to me, any criminal findings from the FBI fingerprint return.

Printed Name of Applicant

Signature and Date

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

Appendix A. Disqualifying Convictions

In addition to those crimes specified in 59 O.S. 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 private investigator license:

- 1- Assault and Battery
- 2- Theft (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- Fogery
- 13- Arson
- 14- Kidnapping
- 15- Perjury
- 16- Tax Evasion
- 17- Unauthorized use of a Motor Vehicle
- 18- Hijacking
- 19- Receiving or Possession of Stolen Property
- 20- Burglary
- 21- Tax Fraud
- 22- Swindling
- 23- Inciting or being involved with a riot
- 24- Any conviction of civil rights violation
- 25- Desertion
- 26- Escape from jail, prison, or custody
- 27- Resisting Arrest
- 28- Assault and Battery upon a Peace Officer
- 29- False and Bogus Checks
- 30- Terrorist Activities
- 31- Assist in Suicide
- 32- Bigamy
- 33- Conspiracy to commit any of the offenses listed herein
- 34- Accessory to commit any of the offenses listed herein
- 35- An attempt to commit one of these offenses
- 36- Entry of a Final Order of Protection against an applicant of Licensee

Municipal and County Record Check Instructions and Requirements

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

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

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

**Are required to obtain two records checks; one from the municipality if applicable and one from the district court clerk that serves the county in which you reside.*

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

Required to obtain records checks from the municipality (as appropriate) and district court that serves the county in which you currently reside **AND a records check from the municipality and district court that served the area from which you moved.*

Oklahoma Residents - (who have lived in Oklahoma for less than six (6) months)

Required to provide records checks from the municipality (as appropriate) and Oklahoma district court that serves the county in which you currently reside, **AND from the municipality and district court that served the out-of-state area from which you moved.*

Non-Resident - (does not live in Oklahoma)

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

**Option 2 - obtain and provide to CLEET a local records check from the police department and the sheriff's office*

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

PLEASE READ THE WARNING BELOW

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

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

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

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

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

Criminal History Information

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

DATE: _____ City/County _____ State: _____
CHARGE: _____
Arrested: **Y** or **N (circle one)** Booked into Jail: **Y** or **N (circle one)**
PLEA ENTERED: guilty, not guilty, no contest, other (please specify other): _____
JUDGMENT: (guilty, not guilty, deferred, probation): _____
Final Disposition: _____
Notes: _____

DATE: _____ City/County _____ State: _____
CHARGE: _____
Arrested: **Y** or **N (circle one)** Booked into Jail: **Y** or **N (circle one)**
PLEA ENTERED: guilty, not guilty, no contest, other (please specify other): _____
JUDGMENT: (guilty, not guilty, deferred, probation): _____
Final Disposition: _____
Notes: _____

Continued on Next Page -

Criminal History Information continued...

DATE: _____ City/County _____ State: _____
CHARGE: _____
Arrested: **Y** or **N (circle one)** Booked into Jail: **Y** or **N (circle one)**
PLEA ENTERED: guilty, not guilty, no contest, other (please specify other): _____
JUDGMENT: (guilty, not guilty, deferred, probation): _____
Final Disposition: _____
Notes: _____

DATE: _____ City/County _____ State: _____
CHARGE: _____
Arrested: **Y** or **N (circle one)** Booked into Jail: **Y** or **N (circle one)**
PLEA ENTERED: guilty, not guilty, no contest, other (please specify other): _____
JUDGMENT: (guilty, not guilty, deferred, probation): _____
Final Disposition: _____
Notes: _____

DATE: _____ City/County _____ State: _____
CHARGE: _____
Arrested: **Y** or **N (circle one)** Booked into Jail: **Y** or **N (circle one)**
PLEA ENTERED: guilty, not guilty, no contest, other (please specify other): _____
JUDGMENT: (guilty, not guilty, deferred, probation): _____
Final Disposition: _____
Notes: _____

DATE: _____ City/County _____ State: _____
CHARGE: _____
Arrested: **Y** or **N (circle one)** Booked into Jail: **Y** or **N (circle one)**
PLEA ENTERED: guilty, not guilty, no contest, other (please specify other): _____
JUDGMENT: (guilty, not guilty, deferred, probation): _____
Final Disposition: _____
Notes: _____

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

Records Request Form (Municipal/County Records)

The below named licensee is attempting to apply for an Oklahoma License authorized in Title 59 of the Oklahoma Statutes; specifically Title 59 OS § 1750 et seq. The licensee is mandated to provide records checks from their local jurisdictions - municipal and county as appropriate according to their place of residence- to the Council on Law Enforcement Education and Training as part of the licensing process. It is required of the applicant to ask that this form be completed by the municipal and records clerk of their jurisdiction.

To be completed by applicant:

Applicants Full Name: _____

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

Date of Birth: _____ Social Security Number: _____

Other Required Information (as requested by custodian of records):

This section to be completed by clerk of court where records are sought:

Name of court providing records (do not abbreviate): _____

- There are no court records associated with the applicants name.
 Certified copy of record is attached or provided.

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

Completed by:

Name: _____

Title: _____

Date: _____

Seal or Stamp (If applicable)

Records Request Form (Municipal/County Records)

The below named licensee is attempting to apply for an Oklahoma License authorized in Title 59 of the Oklahoma Statutes; specifically Title 59 OS § 1750 et seq. The licensee is mandated to provide records checks from their local jurisdictions - municipal and county as appropriate according to their place of residence- to the Council on Law Enforcement Education and Training as part of the licensing process. It is required of the applicant to ask that this form be completed by the municipal and records clerk of their jurisdiction.

To be completed by applicant:

Applicants Full Name: _____

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

Date of Birth: _____ Social Security Number: _____

Other Required Information (as requested by custodian of records):

This section to be completed by clerk of court where records are sought:

Name of court providing records (do not abbreviate): _____

- There are no court records associated with the applicants name.
 Certified copy of record is attached or provided.

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

Completed by:

Name: _____

Title: _____

Date: _____

Seal or Stamp (If applicable)

Other Required Background Information

Y	N	Are you currently undergoing treatment for a mental illness condition or disorder?
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For the purpose of this question; "currently undergoing treatment ..." means the person has been diagnosed by a licensed physician or psychologist as being afflicted with a substantial disorder of thought, mood, perception, psychological orientation, or memory that significantly impairs judgment, behavior, capacity to recognized reality, or ability to meet the ordinary demands of life and such condition continues to exist. OAC 390:35-7-8(h)

Y	N	Have you ever been adjudicated as incompetent?
Y	N	Have you ever been involuntarily committed to a mental institution?
Y	N	Do you have a history of illegal drug usage?
Y	N	Do you have a history of alcohol abuse?

If you yes on any of these questions, please explain in detail why you marked yes:

Domestic Violence & Protective Order Information

Y	N	Have you ever been charged and/or convicted for an act of domestic violence?
Y	N	Have you ever been convicted of violating a Protective Order?
Y	N	Have you ever been the respondent of a Protective Order?

If you marked yes on any of these questions, please indicate the City, County, and State where it was filed as well as the name it was filed under and include court certified documents with your application:

PRIVATE SECURITY CHECKLIST FOR COMPLETED APPLICATION

Note: Failure to provide all necessary documentation will result in a delay in the processing of your 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 Personal Checks will be accepted. Payment types accepted: Money Order, Cashier's Check, or Business Check only. Cash will only be accepted when delivered in person.
- 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. Include any records regarding Protective Orders in which you were the respondent.
- Authority to release personal information; consent to release mental health and substance abuse records, and Oath.
- If not a United States citizen, verifiable documentation of legal status.
- Local Police and Sheriff Department Records Checks to be completed by the municipal and records clerk of their jurisdiction.
- Letter of Employment (if applicable) or current bond.
- MMPI (Armed License ONLY)
- Copy of valid driver 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.)

Signature of Applicant

Date

Return complete application to:

CLEET Private Security
2401 Egypt Road
Ada, OK 74820