

# COUNCIL ON LAW ENFORCEMENT EDUCATION TRAINING

## PRIVATE SECURITY DIVISION

### **New License Application**

Please read the following checklist 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. All documents printed and mailed must be sent to CLEET in a single envelope. You must read and understand the statutes and rules applying to Private Security.

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#### **General Applicant Qualifications**

- 18 years of age for unarmed license and 21 years of age for an armed license.
- Citizen of the United States or alien legally residing in the U.S.
- Must not have been convicted, including suspended sentences and deferred judgments, of a felony, a crime of moral turpitude, or any other crime specified in the statutes and rules unless waived by the Council pursuant to 59 O.S. 1750.5(H).

#### **Applicant with No Training**

- A conditional license will be issued to an otherwise qualified applicant and then the individual must complete the mandated training within 180 days. To fulfil 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.

#### **Applicants with Comparable Training or Experience**

- You must send proof of your training or experience with all other documents.
- Comparable training may be granted for CLEET Certified Peace Officers and Reserve Officers. Peace Officers (not certified by CLEET) 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 **MAY** be granted a partial waiver, but please note that there will still be a mandatory two hour legal block course required.
- 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 and armed private investigator 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 or armed private investigator 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 private investigator applicants must be affiliated with a licensed private investigation agency or must apply for a private investigation agency license if self-employed.

#### **Applicant with an Arrest Record**

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

## PRIVATE SECURITY CHECKLIST FOR COMPLETED APPLICATION

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

### PRIVATE SECURITY CHECKLIST FOR COMPLETED APPLICATION

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- Completed application with attachments including signatures and dates where applicable. \* Required forms can either require just the signature of the applicant and/or the signature of an employer. Any associated fees are the responsibility of the applicant. Please ensure that applicable forms or attestations are completed before submitting the application to CLEET for processing.
- Application fee. The following payment types are accepted: Money Order, Cashier's Check, or Company Check. Make all checks and money orders payable to CLEET. No Cash or Personal Checks will be accepted via mail; however, **EXACT CASH** will be accepted if delivered in person.
- Two (2) current passport size color photographs (paper or plastic are NOT acceptable).
- Copy of your Identogo receipt. (Results are only good for 30 days.) \*To comply with CLEET's fingerprint requirement, please schedule an appointment with Identogo. CLEET will no longer accept fingerprints cards.
- Certified court documents showing the disposition of each arrest and or charge or a letter stating there is no record, if applicable. Please also include any certified court documents regarding Protective Orders in which you were the Respondent. If your case was dismissed, you still must provide the dismissal showing said dismissal.
- Release of Information Authorization; Oklahoma Department of Mental Health and Substance Abuse Services Consent to Release of Confidential Information, and Certification.
- If not a United States citizen, verifiable documentation of legal status (front and back of card).
- Local Police and Sheriff Department Records Checks (the city and county in which you reside.)
- Notice of employment, if applicable, or current bond.  
\*It is important to notify CLEET if at any point you are no longer covered by said bond or insurance policy. Each licensee is responsible for obtaining and maintaining insurance and/or bond 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.
- MMPI (Armed License ONLY)
- An OSBI name check is required if you are applying for an unarmed conditional license. Originals will only be accepted (no faxes or copies). Please note: You are responsible for getting this document completed by OSBI. The **completed** form should be sent to CLEET. You may also obtain a name check via the CHIRP system. Please visit <https://chirp.osbi.ok.gov/> to obtain a name check via the CHIRP system.
- Copy of valid driver license or state issued photo identification card.
- Agency application, if the agency license is not current (required if self-employed private investigator.)

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

CLEET Private Security  
2401 Egypt Road  
Ada, OK 74820

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

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

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Driver License State of issue: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Previous or other names: (maiden, name change alias, nicknames or preferred names, or if not applicable put N/A)

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**Contact Information**

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

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

Unarmed Security Guard	\$50.00
Unarmed Private Investigator	\$50.00
Armed Private Investigator	\$100.00
Armed Security Guard	\$100.00
Combination Unarmed Security Guard and Unarmed Private Investigator	\$100.00
Combination Armed Security Guard and Armed Private Investigator	\$150.00

**Payment required in full.**

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

**Make checks and money orders payable to CLEET.**

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

*Attach Photos Here*

Print Name (Last, First, MI): \_\_\_\_\_

**License Qualification(s) (Check Applicable Box(es))**

- Conditional/Provisional License** - You are working unarmed for a licensed agency and will complete any mandated training and testing within 180 days from license issue date.
- 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 (may require additional documentation- see below)**
  - Certified Oklahoma Peace Officer (No additional training documentation required)
  - Military Police – (Must include DD-214 that shows Military Police)
  - Comparable Training Provision (Documentation is required)
  - Certified Oklahoma Reserve Officer (No additional training documentation required)
  - 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 may take additional time 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).*

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

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

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

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

and that either (check one)

I am a United States Citizen (verification of citizenship)

or

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

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

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

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

\_\_\_\_\_  
Date

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

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

## Certification

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

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

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

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

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Applicant Signature	Date and Place
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**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. See 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 but not limited to, time sheets, employment applications, resumes, performance evaluations, worker's compensation claims, 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 unarmed security guard, armed security guard, armed or unarmed private investigator, or owner/officer/other licensed representative 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

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

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

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

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

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

I, \_\_\_\_\_, authorize the Oklahoma Department of Mental Health and Substance Abuse Services to release to the Council on Law Enforcement Education and Training (CLEET) any and all information concerning whether I have ever been involuntarily committed to an Oklahoma State Mental Institution or home. This authorization is given as part of my CLEET application for a 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 and/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 this consent expires in ninety (90) days from the date of signing or upon conditions described above, unless a longer period has been specified.

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE DISEASE INCLUDING, BUT NOT LIMITED TO, 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



**FOR APPLICATIONS FOR ARMED SECURITY GUARD or ARMED PRIVATE  
INVESTIGATOR ONLY**

**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.*

**NOTICE**

*Receipt of a private security guard or private investigator license in no way indicates CLEET verification of the applicant's compliance with federal laws regarding the ownership, use, or possession of a firearm. Additionally, possession of any such 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 security guard and armed private investigator.

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

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

1. Each applicant for an armed security guard/armed private investigator/bail enforcer license must be administered any current standard form of the Minnesota Multiphasic Personality Inventory (MMPI) or other psychological evaluation instrument approved by CLEET.
2. The response data shall be evaluated by a psychologist licensed by the State of Oklahoma.
3. It shall be the responsibility of the applicant to bear the cost of the evaluation.
4. If the licensed psychologist is unable to certify the applicant's psychological capability to exercise appropriate judgment, restraint, and self-control, after evaluating the data, the psychologist shall employ whatever other psychological measuring instruments or techniques deemed necessary to form a professional opinion. The use of any psychological measuring instruments or techniques shall require a full and complete written explanation to CLEET.
5. The psychologist shall forward a written psychological evaluation, on a form prescribed by CLEET, within fifteen (15) days of the evaluation, even if the applicant is found to be psychologically AT RISK.
6. CLEET may utilize the results of the psychological evaluation for up to six (6) months from the date of evaluation.
7. Applicants who have been found AT RISK must wait at least one (1) year from the date of being found psychologically at risk to reapply for licensing.

**NOTICE TO EXAMINING PSYCHOLOGIST**

**The applicant whose data you are about to examine, is applying for a license as an Armed Security Guard or Armed Private Investigator or Bail Enforcer, who will be vested with a position of public/private trust and will be authorized to carry a firearm. CLEET will only accept original form reflecting original signatures in black or blue ink.**

**INSTRUCTIONS**

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

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**Psychological Test Statement**

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

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

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

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

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

**CHECK ONE OF THE FOLLOWING:**

- I have examined the above-named applicant's test data, and it is my professional opinion, based on available data, that this person is psychologically **CAPABLE** of exercising appropriate judgment, restraint, and self-control.
- I have examined the above-named applicant's test data, and it is my professional opinion, based on available data, that this person is psychologically **AT RISK** of exercising inappropriate judgment, restraint, and self-control.
- I have examined the above-named applicant's test data, and it is my professional opinion, based on available data, that this person requires **FURTHER TESTING** before a conclusive determination can be made.

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

\_\_\_\_\_  
Signature of Psychologist

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

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**Release of Psychological Information**

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

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

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

\_\_\_\_\_  
Date

**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'.

<b><u>NOTICE OF EMPLOYMENT</u></b>						
<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Last 4 of SSN</u>	<u>License Number</u>	<u>Date Employed</u> (MM/DD/YYYY)	
_____	_____	_____	XXX-XX-	_____	_____	
<b>Employee:</b>						
<input type="checkbox"/> The individual named above has been employed as a security guard.			<input type="checkbox"/> Continued Employment Renewal			
<input type="checkbox"/> The individual named above has been employed as a private investigator.			<input type="checkbox"/> INACTIVE EMPLOYEE EFFECTIVE:			
<input type="checkbox"/> The individual named above is an active Peace Officer in Oklahoma.			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.						
_____		_____			_____	
Print Name of Manager or Designee		Signature of Manager or Designee			Date	
<input type="checkbox"/> CONTRACTOR: Per 59 O.S. 1750.2(7), the individual named above is a CONTRACT security guard (also referred to 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. <b>Proof of the bond coverage must be attached with this notice of employment.</b> (Unarmed Security Guards \$5,000 and Armed Security Guards \$10,000).						
_____		_____			_____	
Print Name of Manager or Designee		Signature of Manager or Designee			Date	

<b><u>NOTICE OF TERMINATION</u></b>						
<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Last 4 of SSN</u>	<u>License Number</u>	<u>Date Terminated</u> (MM/DD/YYYY)	
_____	_____	_____	_____	_____	_____	
<b>Comments:</b> _____						
_____		_____			_____	
Print Name of Manager or Designee		Signature of Manager or Designee			Date	

**SIGNATURE OF MANAGER OR DESIGNEE REQUIRED FOR ACCEPTANCE**

## Background Information

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

## Record Notification and Authorization

(INITIAL)

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

If there is a criminal history in question, I will be given the opportunity to change, correct, or update any information by notifying the appropriate arresting agency or court clerk.

I have read and understand Page 13 (Privacy Act Statement and Applicant Notification and Record Challenge) of this document.

I authorize CLEET to release, to me, any criminal finding from the FBI fingerprint return.

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

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

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

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

# Privacy Act Statement and Applicant Notification

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

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

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

## Applicant Record Challenge

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

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

## LIST OF DISQUALIFYING OR POTENTIALLY DISQUALIFYING PLEAS AND CONVICTIONS

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

Any plea of guilty, nolo contendere (no contest), an “Alford” plea, or any plea other than a not guilty plea in a felony case.

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

- Larceny,
- Theft,
- False pretense,
- Fraud,
- Embezzlement,
- False personation of a peace officer,
- Any offense involving moral turpitude,
- Any offense involving a minor as a victim,
- Any nonconsensual sex offense,
- Any offense involving the possession, use, distribution, or sale of a controlled dangerous substance,
- Any offense involving a firearm,
- Assault and battery,
- Extortion,
- Treason,
- Murder,
- Manslaughter,
- Shoplifting,
- Forgery,
- Arson,
- Kidnapping,
- Perjury,
- Tax evasion,
- Unauthorized use of a motor vehicle,
- Conspiracy to commit any of the offenses in this list,
- Accessory after the fact to any offenses in this list,
- Hijacking,
- Receiving or possession of stolen property,
- Burglary,
- Tax fraud,
- Swindling,
- Inciting or being involved with a riot,
- Any conviction of a civil rights violation,
- Desertion,
- Escape from jail, prison, or custody,
- Resisting arrest,
- Assault and battery upon a police officer,
- False and bogus checks,
- Terrorist activities,
- Assist in suicide,
- Bigamy,
- An attempt to commit one of the above offenses, or
- Entry of a final order of protection against an applicant or licensee.

## Municipal and County Record Check Instructions and Requirements

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

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

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

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

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

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

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

*\*Required to provide records checks from the municipality's police department if applicable and sheriff's office that serves the county in which you currently reside, **AND** from the municipality's police department and sheriff's office 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 records check from the state agency that maintains your state's criminal records (example: Kansas Bureau of Investigation)*

PLEASE READ THE NOTICE BELOW

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

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

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

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

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

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

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

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

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

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



### Criminal History Information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Records Request Form

*The below named licensee is attempting to apply for an Oklahoma License authorized in Title 59 of the Oklahoma Statutes; specifically, Title 59 OS § 1750 et seq. The licensee is mandated to provide records checks from their local jurisdictions – municipal police department and county sheriff's office as appropriate according to their place of residence- to the Council on Law Enforcement Education and Training as part of the licensing process. It is required of the applicant to ask that this form be completed by the municipal police department and sheriff's office of their jurisdiction. **This form will not be accepted if completed by the municipal court clerk or the district court clerk.***

*To be completed by applicant:*

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

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

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

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

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

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

Certified copy of arrest record is attached or provided.

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

Completed by:

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

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

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

Seal or Stamp (If applicable)

## Records Request Form

*The below named licensee is attempting to apply for an Oklahoma License authorized in Title 59 of the Oklahoma Statutes; specifically, Title 59 OS § 1750 et seq. The licensee is mandated to provide records checks from their local jurisdictions – municipal police department and county sheriff's office as appropriate according to their place of residence- to the Council on Law Enforcement Education and Training as part of the licensing process. It is required of the applicant to ask that this form be completed by the municipal police department and sheriff's office of their jurisdiction. **This form will not be accepted if completed by the municipal court clerk or the district court clerk.***

*To be completed by applicant:*

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

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

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

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

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Certified copy of arrest record is attached or provided.

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

Completed by:

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

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

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

Seal or Stamp (If applicable)

### Other Required Background Information

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

*For the purpose of this question; "currently undergoing treatment ..." means the person has been diagnosed by a licensed physician or psychologist as being afflicted with a substantial disorder of thought, mood, perception, psychological orientation, or memory that significantly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life and such condition continues to exist.*

If you answered YES on the question above, please explain in detail why you marked yes

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and please provide a signed statement from your treating physician or mental health provider (on their letterhead) stating that in their professional opinion you are capable of safely performing the duties of a security guard or private investigator.

Y	N
---	---

 Have you ever been adjudicated as incompetent?

Y	N
---	---

 Have you ever been involuntarily committed to a mental institution?

Y	N
---	---

 Do you have a history of illegal drug usage?

Y	N
---	---

 Do you have a history of alcohol abuse?

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

### 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/Defendant in a Protective Order?\*

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

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