

RENEWAL LICENSE APPLICATION

If the license is expired over 30 days, you will be required to complete a New Application for submission which will require the new licensing fee and finger prints, as well as a current MMPI for an armed license.

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

Type of License Requested (Check one)	Cost
<input type="checkbox"/> Unarmed Security Guard	\$50.00
<input type="checkbox"/> Armed Security Guard	\$100.00
<input type="checkbox"/> Unarmed Private Investigator	\$50.00
<input type="checkbox"/> Armed Private Investigator	\$100.00
<input type="checkbox"/> Unarmed Guard and Private Investigator (combination)	\$150.00
<input type="checkbox"/> Armed Guard and Private Investigator (combination)	\$150.00
<input type="checkbox"/> Expired license late fee	\$25.00

Applicant Information:

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

SSN: _____ Date of Birth: _____ Gender: _____ Race: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Contact Number: (____) _____ - _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Email Address: _____

Required Continuing Education

- 8 hours of continuing education for unarmed/armed security guard
- 16 hours of continuing education for unarmed/armed private investigator
- 16 hours of continuing education for combination licenses

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

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.

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: (yes, I agree or no, I do not agree) _____

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 unarmed 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
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 4 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.					
_____ Print Name of Manager or Designee		_____ Signature of Manager or Designee			_____ Date
CONTRACTOR: PER 59 O.S. 1750.2(7) <input type="checkbox"/> 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)					
_____ Print Name of Manager or Designee		_____ Signature of Manager or Designee			_____ Date

NOTICE OF TERMINATION

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Last 4 of SSN</u>	<u>License Number</u>	<u>Date Terminated</u>
Comments: _____					
_____ Print Name of Manager or Designee		_____ Signature of Manager or Designee			_____ Date

SIGNATURE OF MANAGER OR DESIGNEE REQUIRED FOR ACCEPTANCE

Notificataion of Bond 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 of omissions of the principal and protects this state, its agents, officers, and employees from judgements against the principal or insured licensee, and its 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) for agencies, Ten Thousand Dollars (\$10,000) for armed security guards, and Five Thousand Dollars (\$5,000) 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.

CLEET Rules: 390:35-11-3

(c) Proof of insurance or surety bond 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, coverages, and amounts
- (4) Effective dates of policy
- (5) If covered by a bond, the original bond proof of coverage must include an original 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 futher condition that the Principal and Surety shall indemnify the State of Oklahoma or any person for any judgement 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, resulting from any violation of the laws of the State of Oklahoma.

It is futher 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:

<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

CHECK ONE

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 _____

My Commission Expires: _____ My Commission Number: _____

(Seal)

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.

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

- 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 9 Appendix (Applicant Notification and Record Challenge and Privacy Act Statement) of this document.
- I authorize CLEET to release, to me, any criminal finding 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.

Applicant Notification and Record Challenge and Privacy Act Statement

Applicant Notification:

Your fingerprints will be used to check the criminal history records of the FBI. The FBI will retain your fingerprints and associated information/biometrics and, while retained, your fingerprints will continue to be compared against other fingerprints submitted to or retained by the FBI.

Applicant Record Challenge:

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 or <https://www.fbi.gov/cjis/identity-history-summary-checks#challenge-of-an-identity-history-summary>.

If information is received to update your criminal history record, you should forward certified copies of the information to the FBI and to the repository in the state where the arrest occurred.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.
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 Pub. L. 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 otherwise 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.

As of 03/30/2018

Criminal History Information:

If you have been arrested since you were issued your last license, 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: _____

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: _____

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:

Council on Law Enforcement Education and Training
Private Security Division

Renewal 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 envelop.

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 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. Make all checks and money orders payable to CLEET.
- Two (2) current passport size color photographs - paper or plastic are NOT acceptable.
- 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.
- Letter of employment, if applicable, or current bond.
- Proof of Continuing Education.
- OSBI name check completed by the OSBI - must be original (no faxes, copies or emails). Please note: the **completed** form should be sent to CLEET. You are responsible for sending this document to the OSBI.
- Copy of valid Driver License or Identification Card
- Agency application, if the agency application is not current (required if self-employed private investigator.)

Signature of Applicant

Date

Return Completed Application to:
CLEET Private Security
2401 Egypt Road
Ada, OK 74820