

Council on Law Enforcement Education and Training
Private Security Division

Out of State Temporary License Application

Date of Request: _____

Reason for Request: _____

Date(s) scheduled to be in Oklahoma: _____

Location(s) you will be in Oklahoma: _____

Name of Guard/Investigator: _____

SSN of Guard/Investigator: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

License Number: _____ Expiration Date: _____

Employing Agency's Name: _____

Agency License Number: _____

Licensing State: _____ License Expiration Date: _____

Effective Insurance Dates: _____ through _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Please submit a copy of the your agency license, your personal license, and insurance coverage with this form. A person obtaining temporary authorization shall not violate any federal, state, or municipal laws, or the provisions of the rules. No temporary license shall be granted to authorize the possession or use of firearms.

Return completed application to:

CLEET

Private Security Division

2401 Egypt Road

Ada, OK 74820