

Council on Law Enforcement Education and Training
Private Security Division

Upgrade Application

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

Suffix: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone Number: _____

All requests for an upgrade in licensure will be required to submit an original OSBI name check
No faxes, copies, or emails will be accepted.

<http://www.ok.gov/osbi/documents/RecordCheckForm.pdf>

If you hold an Unarmed Security Guard License and want to upgrade to one of the following:

Armed Security Guard License

- \$50 to keep the same expiration date you have or \$100 for a new three (3) year license with a new license number and expiration date.
- Two current passport size photo
- Current MMPI - Taken within the last 6 months of receipt of request of upgrade
- Completed and passed the Phase IV Training and Testing (we must have proof of completion)
- You must provide proof of employment by a licensed security agency or have proof of a \$10,000 surety bond.
- Complete a Mental Health Consent Form
- Complete the Armed Affidavit and have it notarized
- Complete the Oath Form and have it notarized

Armed Security Guard and Armed Private Investigator License (Combination License)

- \$100
- Two current passport size photo
- Current MMPI - Taken within the last 6 months of receipt of request of upgrade
- Completed and passed the Phase III and IV Training and Testing (we must have proof of completion)
- For the Security portion of the license - proof of employment with a notice of employment by a licensed security agency or have a \$10,000 surety bond.
- For the Private Investigator portion of the license - proof of employment with a notice of employment by a licensed Private Investigator Agency or own your own Private Investigator Agency (currently \$10,000 surety bond if self employed and own your own
- Complete a Mental Health Consent Form
- Complete the Armed Affidavit and have it notarized
- Complete the Oath Form and have it notarized

Council on Law Enforcement Education and Training
Private Security Division

If you hold an Unarmed Security Guard License and want to upgrade to a Combination License:

- Unarmed Private Investigator License**
- \$50
 - Two current passport size photos
 - Completed and passed Phase III Training and Testing
 - You must provide proof of employment by a licensed Private Investigator Agency or own your own Private Investigator Agency
 - Complete the Mental Health Consent Form
 - Complete the Oath Form and have it notarized

If you hold an Unarmed Private Investigator License and want to upgrade to an Armed Private Investigator License:

- Armed Private Investigator License**
- \$50
 - Two current passport size photos
 - Current MMPI - Taken within the last 6 months of receipt of request of upgrade
 - Completed and passed Phase IV Training and Testing
 - You must provide proof of employment by a licensed Private Investigator Agency or own your own Private Investigator Agency
 - Complete the Mental Health Consent Form
 - Complete the Armed Affidavit and have it notarized
 - Complete the Oath Form and have it notarized

If you hold an Armed Security Guard License and want to upgrade to a Combination License:

- Adding Armed Private Investigator License**
- \$50 or \$100 if you want two separate license
 - Two current passport size photos
 - Completed and passed Phase III Training and Testing
 - You must provide proof of employment by a licensed Private Investigator Agency or own your own Private Investigator Agency
 - Complete the Mental Health Consent Form
 - Complete the Oath Form and have it notarized

Council on Law Enforcement Education and Training
Private Security Division

If you hold an Armed Private Investigator License and want to upgrade to a Combination License:

- Adding Armed Security Guard License**
- \$50 or \$100 if you want two separate license
 - Two current passport size photos
 - Completed and passed Phase I, II, and IV Training and
 - You must provide proof of employment by a licensed Security Agency or have a \$10,000 surety bond.
 - Complete the Mental Health Consent Form
 - Complete the Oath Form and have it notarized

If you hold an Unarmed Private Investigator License and want to upgrade to a Combination License:

- Unarmed Security Guard License**
- \$50
 - Two current passport size photos
 - Completed and passed Phase I and II Training and Testing
 - You must provide proof of employment by a licensed Security Agency or have a \$10,000 surety bond.
 - Complete the Mental Health Consent Form
 - Complete the Oath Form and have it notarized

Please fill out the appropriate documents for the upgrade you have selected and return them to:

CLEET
Private Security Division
2401 Egypt Road
Ada, OK 74820

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.

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: _____

**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 Determined to be **CAPABLE** for an armed license: _____

Date Tested

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

**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: _____

**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.					
_____ 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 four 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

**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
Private Security Division

Armed Affidavit

(Should be filled out for any application requesting an armed license)

I, _____ hereby certify that:

- a. I am in the process of obtaining an armed security guard license pursuant to Title 59, O.S. Section 1750.1 et seq;
- b. Upon approval of said license that I will be gainfully employed as an armed security guard or armed private investigator;
- c. I understand it is a violation of state law to carry a firearm unless I am in the course and scope of my employment as an armed security guard/private investigator.

Answer the following questions. The information you provide may not disqualify you from obtaining a license, but may require additional documentation or may require you to submit to tests at your own expense to assist the Council in determining your suitability for an armed license:

- Are you currently undergoing treatment for a mental illness, condition or disorder? Yes No
- Have you ever been involuntarily committed to an Oklahoma state mental institution? Yes No
- Have you ever been adjudicated as incompetent? Yes No
- Do you have a history of illegal drug use or alcohol abuse? Yes No
- Have you ever been charged with domestic violence? Yes No
- Have you ever been the defendant of a protective order? Yes No
- Have you ever been convicted of violating a domestic violence order? Yes No

If you answered "Yes" to any of the questions above, provide date(s) and an explanation.

d. Under penalties of perjury, I declare that the above is true and correct.

Signature of Applicant Date

Applicant's Printed Name

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: _____