

# **UPGRADE APPLICATION**

*Read Carefully*

SSN: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

***Fees payable in the form of Cashier's Check, Money Order or Company Checks, NO Personal Checks***

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

- Armed Security Guard License – you need the following:**
  - \$50.00 to keep the same expiration date you have or \$100.00 for a new three year license with new license number and expiration date
  - Two current passport size photos
  - Current MMPI – taken within the last 6 months of receipt of request for upgrade)
  - Completed and passed the Phase IV Training and Testing (we must have proof of the completion)
  - You must be employed by a licensed security agency or have a \$10,000 surety bond
  - Complete the Mental Health Consent Form
  - Complete the Armed Affidavit and have it Notarized
  
- Armed Security Guard and Armed Private Investigator License (combination license) – you need the following:**
  - \$100.00
  - Two current passport size photos
  - Current MMPI - taken within the last 6 months of receipt of request for upgrade)
  - Completed and passed the Phase III & IV Training and Testing (we must have proof of the completion)
  - You must be employed by a licensed security agency and private investigative agency or own your own private investigative agency and have a \$10,000 bond
  - Complete the Mental Health Consent Form
  - Complete the Armed Affidavit and have it Notarized

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

- Armed Private Investigator License – you will need the following:**
  - \$50.00
  - Two current passport size photos
  - Completed and passed the Phase III Training and Testing
  - You must be employed by a licensed private investigative agency or own your own private investigative agency
  - Complete the Mental Health Consent Form
  - Complete the Armed Affidavit and have it Notarized

**If you already hold an Armed Security Guard License and you want make it a combination license:**

- Adding Armed Private Investigator License – you will need the following:**
  - \$50.00 (if you want two separate license its is \$100.00)
  - Two current passport size photos
  - Completed and passed the Phase III Training and Testing
  - You must be employed by a licensed private investigative agency or own your own private investigative agency
  - Complete the Mental Health Consent Form

**If you already hold an Armed Private Investigator License and you want to make it a combination license:**

- Adding Armed Security Guard License – you will need the following:**
  - \$50.00 (if you want two separate license its is \$100.00)
  - Two current passport size photos
  - Completed and passed Phase I & II & IV Training and Testing
  - You must be employed by a licensed security agency or have a \$10,000 surety bond
  - Complete the Mental Health Consent Form

**If you already hold an Unarmed Private Investigator License and you want to add:**

- Unarmed Security Guard License – you will need the following:**
  - \$50.00
  - Two current passport size photos
  - Completed and passed Phase I & II
  - You must be employed by a licensed security agency or have a \$10,000 surety bond
  - Complete the Mental Health Consent Form

**DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

\_\_\_\_\_, SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Print full name including middle initial)

authorizes the 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 Private Security Guard or Investigators License.

This consent shall expire upon notification from CLEET that I (applicant) am approved to receive a security guard or private investigators 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 OR VENereal 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 O.S. 1-1502} [b]**

**Notice to individuals or entities releasing alcohol and 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 TO YOU 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**  
**2401 Egypt Road**  
**Ada, Oklahoma 74820-0669**  
**405-239-5115**

I, \_\_\_\_\_ hereby certify that:  
(Print Full Name (Last, First MI) - Date of Birth (mm/dd/yyyy) - Social Security Number (xxx-xx-xxxx))

- 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.
- d. Answer the following questions. The information you provide may not disqualify you from obtaining a license, but may require additional documentation or 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involuntarily committed to an Oklahoma state mental institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been adjudicated as incompetent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a history of illegal drug use or alcohol abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been charged with domestic violence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of violating a domestic violence order?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you answered YES to any of the questions above, give date(s) & explanation.**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name Printed

**For Notary Use Only**

State of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_  
(Print Name of Applicant)

Personally appeared before me and signed the above affidavit in my presence.

\_\_\_\_\_  
Signature Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires. \_\_\_\_\_

My Commission Number: \_\_\_\_\_

(Seal)