

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 envelope. Documents dated older than 90 days will not be accepted.

PRIVATE SECURITY CHECKLIST FOR COMPLETED APPLICATION

- 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 and late fee (if applicable). 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).
- 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.
- 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.
- Proof of Continuing Education.
- OSBI name check completed by the OSBI - must be the original (no faxes, copies or emails). Please note: You are responsible for sending this document to the 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's 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

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 a new licensing fee and fingerprints 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: _____ Suffix: _____

First Name: _____ Middle Name: _____

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

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

Driver's License State of issue: _____ License Number: _____ Expiration: _____

Previous Names: (maiden, name change, alias or if not applicable put N/A)

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: _____

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 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

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.

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 Investigator 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

EMPLOYMENT VERIFICATION

For Renewals and Upgrades License Only

This form is only to be used to verify employment of an applicant with an agency during the process of a renewal or upgrade application. This form **does not replace** a Notice of Employment.

AGENCY LICENSE # _____ CITY/STATE _____

AGENCY NAME (as on license): _____

Last Name	First Name	MI	SSN	License#
<input type="checkbox"/> The individual named above is still active with the agency from the original hired date and is covered under the agency's liability insurance.				
<input type="checkbox"/> The individual named above has been terminated from this agency. Date of Termination (MM/DD/YYYY): _____				
I certify the information provided by my agency on this document is correct and accurate. I understand that any false statement may be a crime punishable by fine and/or imprisonment. I understand that CLEET will rely on my attestation.				
_____	_____	_____	_____	_____
Print Name of Manager or Designee	Signature of Manager or Designee	Date		
SIGNATURE OF MANAGER OR DESIGNEE REQUIRED FOR ACCEPTANCE				

Pursuant to Rule 390:35-11-2(b) Licensed security agencies and investigative agencies shall notify CLEET, in writing, of the termination of all licensed security guards, armed security guards, or private investigators employed by said agencies, and that had been covered under said agencies' liability insurance or surety bond. This notification shall be made within five (5) days of the employee's 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'.

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 7 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.

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 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,
- Any offense of driving while intoxicated or driving under the influence of intoxicating substance, or entry of a final order of protection against an applicant or licensee.

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.

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, then 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: _____

Other Required Background Information

Y **N** 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 marked "Y" in the above box, 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.

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 list the charge filed and indicate the City, County, and State where the case was filed as well as the name it was filed under.

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