



# PS-24 Executive Manager Form

Department of Public Safety Standards and Training / Private Security Certification & Licensing Program

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**ALL INFORMATION BELOW IS REQUIRED TO BE SUBMITTED WITHIN 48 HOURS OF A CHANGE**

**1**

## Executive Manager Information

<b>Executive Manager Name/PSID:</b> (If no PSID assigned, use N/A)		<b>Business Name:</b>
<b>Email:</b>	<b>Contact Phone Number:</b>	
Are you the primary contact executive manager for the business? <input type="checkbox"/> Yes <input type="checkbox"/> No – complete next line		
<b>Primary contact executive manager:</b>		

**2**

## General Information ☐ New ☐ Update info ☐ No changes

<b>Business Name:</b>		
<b>Beginning employment on:</b>		<b>Ended employment on:</b>
<b>Physical Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<input type="checkbox"/> Check box if your location is exempt from disclosure - marijuana processor, producer or wholesaler		
<b>Business Phone:</b>	<b>Business Fax:</b>	<b>Tax Payer ID:</b>
<b>Mailing Address (If different):</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Business Owner(s) Name(s):</b>		
<b>Business Website Address:</b>		

**3**

## Contract Executive Manager Information

<b>Business Name:</b>	
<b>Physical Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip:</b>	
<b>Entering contract on:</b>	<b>Ending contract on:</b>

The information contained on this form is true and correct to the best of my knowledge. I understand that falsification of any documents submitted to the Department may be cause for denial, suspension or revocation of certification or licensure under ORS 181A.870 and OAR 259-060-0320, and subject to a civil penalty under OAR 259-060-0450.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# **PS-24 Executive Manager Form**

## **Instructions**

These instructions will assist you in accurately filling out the form

### **Executive Manager Information – section 1**

Enter your name and PSID, if no PSID assigned, use N/A.

Business name you are providing executive manager services for.

Enter email and contact phone number.

Are you the primary contact executive manager for the business? If not, tell us who is.

### **General Information – section 2**

Check mark the box for either new business, updates or no change of information.

Enter business name.

Date you will begin employment OR date your employment was terminated.

Enter physical and mailing address.

If the location is exempt from disclosure per law, check box.

Enter business owner name.

Enter business website, if applicable.

### **Contract Executive Manager Information –section 3**

If you are contracting your executive manager license to an employer, you must complete this section.\* Leave blank if not contracting your executive manager license with an employer.

Enter the business name of which you are entering a contract to provide executive manager services for.

Enter physical address only.

Date you are entering the contract OR date you are ending the contract.

\*This section does not apply to private security businesses that provide contract private security services for businesses or events. This is pertaining to an executive manager license only, i.e. you contract your license and the employer has their own certified staff but no executive manager.

### **Oregon Administrative Rule Information**

Executive managers must submit a completed Form PS-24 (Executive Manager Information Form) within 48 hours of a change when:

- (A) Beginning employment or entering a contract with an employer as an executive manager;
- (B) Terminating employment or completing a contract for an employer as an executive manager; and
- (C) When the ownership of the employing business or entity changes.