

# AFFIDAVIT OF INSTRUCTOR and PRIVATE SECURITY PROVIDER TESTING RESULTS

**PS-6**

Department of Public Safety Standards and Training, Private Security Unit  
1320 Capitol Street NE, Suite B-30  
Salem OR 97303 Ph. (503) 378-4888 FAX (503) 373-0858



**Student** Martin, Rick Lee [REDACTED] 5/8/58  
Last First Middle PSID# or SSN Date of Birth

**Employer** (write N/A if not employed) Guardsmark, LLC

**INSTRUCTOR:** *Check applicable results, fill in dates, seal original in tamper-proof bag.*  
**ARMED CERTIFICATION REQUIRES BOTH UNARMED AND ARMED TRAINING COURSES**

<b>UNARMED SECURITY OFFICER TEST RESULTS</b>		Training Completion Date: <u>12-17-02</u>
<input checked="" type="checkbox"/> Attended 8-hour classroom instruction	<input type="checkbox"/> Challenged 8-hour classroom instruction	
<input type="checkbox"/> Passed unarmed written examination	<input type="checkbox"/> Failed unarmed written examination	
<input type="checkbox"/> Passed 4-hour assessment module	<input type="checkbox"/> Failed 4-hour assessment module	
<input checked="" type="checkbox"/> Passed 4-hour unarmed <u>refresher</u>	<input type="checkbox"/> Failed 4-hour unarmed <u>refresher</u>	

<b>ARMED SECURITY OFFICER TEST RESULTS</b>		Training Completion Date: _____
<input type="checkbox"/> Passed firearms instructional course	<input type="checkbox"/> Failed firearms instructional course	
<input type="checkbox"/> Passed armed written examination	<input type="checkbox"/> Failed armed written examination	
<input type="checkbox"/> Passed marksmanship qualification	<input type="checkbox"/> Failed marksmanship qualification	
<input type="checkbox"/> Passed 4-hour armed <u>refresher</u> course	<input type="checkbox"/> Failed 4-hour armed <u>refresher</u> course	
<input type="checkbox"/> Passed annual firearms re-qualification	<input type="checkbox"/> Failed annual firearms re-qualification	

<b>ALARM MONITOR TEST RESULTS</b>		Training Completion Date: _____
<input type="checkbox"/> Attended 8-hour classroom instruction	<input type="checkbox"/> Challenged 8-hour classroom instruction	
<input type="checkbox"/> Passed alarm written examination	<input type="checkbox"/> Failed alarm written examination	
<input type="checkbox"/> Passed 4-hour assessment module	<input type="checkbox"/> Failed 4-hour assessment module	
<input type="checkbox"/> Passed 4-hour alarm <u>refresher</u> course	<input type="checkbox"/> Failed 4-hour alarm <u>refresher</u> course	

**SWORN STATEMENT OF INSTRUCTOR**

I hereby swear or affirm, under penalty of perjury, that (*initial each of four statements*)

- b I have confirmed the student's identity by viewing picture ID as indicated:  
 Driver's License No. OR [REDACTED]; other: \_\_\_\_\_;
- u I am currently a state-certified instructor, in good standing with DPSST;
- o I have administered the state-certified training, examination and/or skills testing  
 and remediated the objectives for which any incorrect answer was given;
- u I am giving each student a fully-completed copy of this form, upon signing this.

Duane Nessel Duane Nessel 21770 12-17-02  
PRINT NAME OF INSTRUCTOR SIGNATURE PS ID # DATE SIGNED