**REQUEST FOR ISSUANCE OF PRIVATE SECURITY OFFICER LICENSE, TEMPORARY PERMIT, LICENSE RENEWAL OR TRANSFER OF LICENSE**

**TO BE COMPLETED BY EMPLOYER ONLY - RETURN TO THE CITY CLERK’S OFFICE**

|  |  |  |
| --- | --- | --- |
| Date: | Name of Employee/Applicant/Licensee: | |
| This letter serves as authorization for the City of Colorado Springs to issue a temporary, permanent, renewal or transfer Private Security Officer License or Permit to the above named applicant/licensee and that the application of the above named individual has been examined and it is believed that the information contained herein is true, correct and acceptable to  Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number:\_\_\_\_\_\_\_\_\_\_\_ | | |
| Request for:   * New / Renewal License Endorsement * Additional License * Transfer to new agency Previous Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| The Permit Applicant/Licensee has, pursuant to City Code, successfully completed the following pre-assignment training courses and is qualified to perform duties as a private security officer:   * Basic Security Officer Training Firearms Safety Training * Conductive Energy Weapon Training Optional Specialized Training * Concealed Carry Training | | |
| NOTE: If this is a request for a temporary permit; the Applicant will be employed in an UNARMED capacity until the issuance or denial of a Private Security Officer License, and upon successful completion of a Firearms and/or Conductive Energy Weapon safety and familiarization course. Temporary permits are valid for a period not to exceed 90 days. | | |
| Upon issuance of a Private Security Officer License or Transfer, the licensee will be:   * Unarmed (Basic Security Officer Training requirements/qualifications have been met pursuant to City Code) * Armed (All requirements and/or qualifications have been met pursuant to City Code) | | |
| The below listed employer holds the City of Colorado Springs harmless and agrees to indemnify the City in any action or claim for damages arising from the actions or employment of the temporary permit Applicant/Licensee. | | |
| Company Name: | | Company Agent: |
| Company Address: | | Signature: |
| Company Telephone: | | Title: |