

## Train the Trainer for Security Guard Instructor Candidate

### *Private Security Agency Affidavit of Employment and Understanding of Prerequisites*

This form represents an employee of a Delaware Class B or C Security Agency

This form represents an employee of a Board Certified Training Facility (DTCC, Sussex Tech HS or Defencify)

#### Instructions

- This form must be completed by a Private Security Agency (PSA) human resources manager/director and their employee who is an instructor candidate seeking certification as a Delaware Security Guard Instructor. If the student is an employee of a Board Certified Training Facility, the same will apply.
- This form is a prerequisite for an instructor candidate taking the DTCC Train-the-Trainer Security Guard Course.
- This form must be completed and returned to DTCC-Workforce Development (10) business days before the course start date. Email form to: [sg-workforcedevelopment@dtcc.edu](mailto:sg-workforcedevelopment@dtcc.edu).
- The Private Security Agency identified must be a valid Class B or Class C agency or Board-approved training facility.
- DTCC and DSP reserve the right to verify the identity and employment status of both the Agency or Facility human resources manager/director authorizing this form and the instructor candidate. DTCC and DSP reserve the right to confirm the license status of the Private Security Agency. Evidence confirming employment and Private Security Agency status will be the responsibility of the Private Security Agency to provide to the requester.

*Delaware Private Security Agency (PSA) – Class B or C Agency/Board-approved Training Facility - Full/Legal Name*

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*Full/Legal Name of Private Security Agency or Facility Human Resources Manager/Director*

<i>First</i>	<i>Last</i>	<i>M.I.</i>

<i>Title/Position</i>	<i>Work Phone Number-Direct Line</i>	<i>Work Email Address</i>

*Full/Legal Name of Private Security Agency or Facility Instructor Candidate*

<i>First</i>	<i>Last</i>	<i>M.I.</i>

I do swear/affirm being a human resources manager/director of the licensed Private Security Agency or Facility identified above in the State of Delaware and that the instructor candidate identified above is currently an employee of this agency/facility.

<i>Private Security Agency Human Resources Manager/Director Signature</i>	<i>Date</i>

I do swear/affirm being a current employee of the Private Security Agency or Facility identified above. I agree to train only employees at the licensed Private Security Agency identified above or students of the Training Facility identified.

<i>Private Security Agency/Training Facility Instructor Candidate Signature</i>	<i>Date</i>