Instructions: This form must be completed by both the private security officer and certified training officer in accordance with S.C. Code Ann. § 40-18-30(A)(5) and retained pursuant to S.C. Code Ann. Regs. 73-420(5).

Trainee (Print Name):______________________________________________________________

SSN:_________________________DOB:_________________________SLED Registration # (R0#):_________________________

Employing Security Company:____________________________________________________

Company Licensee:______________________________________________________________Company #:_________________________

Address:__________________________________________________________________________Telephone:_________________________

Training Officer (Print Name):____________________________________________________Certificate #:_________________________

Date of Training:________________________Location:________________________________________

Under penalty of perjury I certify that I have successfully completed Primary Plus security officer training required and approved by SLED; and have a thorough understanding of the following topics as taught from a SLED approved training program and as applicable to my specific assigned duties. I further certify I have been provided a copy of this record:

1) __________________________________________________________ (Initial Below)
2) __________________________________________________________
3) __________________________________________________________
4) __________________________________________________________
5) __________________________________________________________
6) __________________________________________________________
7) __________________________________________________________
8) __________________________________________________________
9) __________________________________________________________
10) __________________________________________________________

*Lesson plans must be utilized and retained by training officers and company licensees for any training topic(s) listed above. All lesson plans not provided by SLED are subject to review and approval by SLED and the S.C. Criminal Justice Academy (SCJA).

Student Signature:__________________________________________________________________Date:________________________

Under penalty of perjury I certify the trainee identified above has successfully completed, via a passing score on a written exam and/or proficiency testing, SLED approved training on the above listed topics in accordance with and under authority granted by S.C. Code Ann. § 40-18-30(A)(5) and S.C. Code Ann. Regs. 73-419 through 73-421. I further certify the trainee was provided a copy of this record.

Training Officer Signature:________________________________________________________________Date:________________________

*S.C. Code Ann. Regs. 73-420(A)(5) requires accurate and complete documentation of all training received by security officers be retained by the employer and furnished to the security officer to be retained as his/her permanent training record.