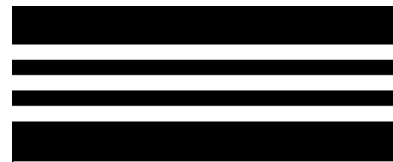




Private Investigator License Application and Renewal



Apply for or renew a private investigator license.

Online: <https://professions.dol.wa.gov>

Or mail this completed form with a check or money order (payable to the Department of Licensing) to:

**Public Protection Services
Department of Licensing
PO Box 35001
Seattle, WA 98124-3401**



For questions or language help call: (360) 664-6611

Fees

- New unarmed applicant—**\$220**
- Armed endorsement—**\$110** (in addition to \$220 fee if new applicant)
- Association—**\$25** (in addition to renewal fee if due)
- Renewal—**\$193**
- Late renewal—**\$228**
- Certified trainer endorsement renewal—**\$15** (in addition to renewal fee)

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Applicant information

TYPE OR PRINT Name as you would like it to appear on your license		
Full legal name (<i>First, Middle, Last</i>)		
Social Security number*	Date of birth (<i>mm/dd/yyyy</i>)	Citizenship <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident alien
Physical location address		
City	State	ZIP code
Mailing address (<i>if different</i>)		
City	State	ZIP code
(Area code) Phone number	Email	
Military? (<i>check if applicable</i>) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner		

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

- 1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? Yes No
- 2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

Fingerprinting

All private investigators must have fingerprint-based background checks. For information about the fingerprinting and background check process, go to www.dol.wa.gov/business/fingerprinting.html.

Firearms certification course (New armed applicants only)

Armed private investigators attend an eight-hour firearms certification course certified by the Criminal Justice Training Commission (CJTC), phone (206) 835-7300. When you complete the firearms training, they will issue a certificate. We cannot issue you an armed license until we receive your firearms certificate. RCW 18.170.040(c)

By completing this application, you authorize any business associates (past and present) and any government agencies (local, state or federal) to release any information, files, or records which may be required for a background investigation to the Department of Licensing.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name

X

Date and place

Applicant signature

Providing false information in this application may be cause for the denial, suspension, or revocation of your private investigator license in the state of Washington.

Employer information (To be completed by employer)

Agency name		Private investigative agency license number (not UBI)	
Agency address (street address as it appears on the license)			
City		State	ZIP code
(Area code) Agency phone number	Agency email		

Certification of preassignment testing/training (New applicants only)

Certification

I certify under penalty of perjury under the law of Washington, that the named applicant has successfully completed the required training as outlined in the laws and rules in the state of Washington.

TYPE or PRINT Name of certified trainer

X

Date and place

Signature of certified trainer