

Change of Principal Private Investigation Agency Application

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Or mail this completed form with a check or money order

(payable to the Department of Licensing, to:

Private Investigator Program Department of Licensing PO Box 35001 Seattle WA 98124-3401

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

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Fees ☐ Change of unarmed principal – \$ ☐ Change of armed principal – \$250				
□ \$0 self-print license online.□ \$5 each. DOL print and mail licen	license add a \$5 print fee for each cop	y to you	r payment.	
Agency information Type or Print UBI/UBI Business ID/UBI Locatiid	on ID (16 digits) Agency name			
Two of horizons (check and)		1	Nicolar of a sign of the sign	
Type of business <i>(check one)</i> □ Sole proprietor □ Partnership □ Corporation □ Foreign corporation			Number of partners (if partnership)	
Agency address (street address in Washington st	ate)			
City		State WA	ZIP code	
(Area code) Agency phone number	Agency email			
Agency mailing address (if different)				
City		State	ZIP code	
Applicant information		·		
Type or Print Name (Last, First, Middle initial)				
Social Security number*	Date of birth (mm/dd/yyyy)			
		☐ U.S.	citizen Resident alien	
Mailing address				
City		State	ZIP code	
(Area code) Phone number	Email			
Military? (check if applicable)		1		
Requirement under which you will be qualifying	nber Military spouse or domestic pa	artner		
	vate investigation or a related field (sec	e RCW 1	(8.165.050)	

^{*}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 be	elow. If vou answer "Yes." at	tach a detailed explanation.			
1. Within the last 5 years (fine, suspension, rev	s, in this state or any other ju ocation, censure, surrender	urisdiction, have you had any ac , etc.) taken against any professi by you?	ional or		
convicted of, or entere	ed a plea of no contest to a	urisdiction, have you defaulted, or gross misdemeanor or felony cri	me?		
Fingerprinting					
		d background checks. For inform www.dol.wa.gov/business/finge			
Exam scheduling	,				
Exams are given at drive your exam, putting a "1"	er licensing offices across the for your first choice and a "xe will contact you for sched		re you would like to take		
Bellingham	Kent	Puyallup	Union Gap		
Bel-Red	Lynnwood	Renton	Vancouver (136th Ave)		
Bremerton	Olympia	Seattle (25th Ave)	Walla Walla		
Clarkston	Omak	Smokey Point	Wenatchee		
Everett	Parkland	Spokane (Sprague Ave)			
Federal Way	Port Angeles	Sunnyside			
Kennewick	Port Townsend	Tacoma (Yakima Ave)			
Applicant authorizat	ion and certification				
(local, state, or federal) t	to releast any information, fi	d present) and any government a les, or records which may be rec nsing?	quired for a		
I declare under penalty of	f perjury under the law of Wa	ashington that the foregoing is tr	ue and correct.		
TYPE or PRINT Name					

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

Applicant signature

Date and place