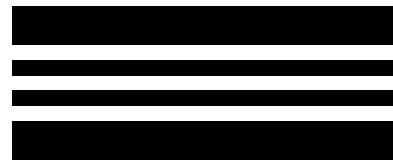




License/Registration Verification for Private Investigator



Private Investigator Program
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

Telephone: (360) 664-6611

Applicant information

To assist the state/jurisdiction where you had current licensure/registration in providing information to this agency, complete this section only and forward this form to the appropriate licensing authority in that state/jurisdiction. That state/jurisdiction may charge a fee for this service.

TYPE OR PRINT Name (Last, First, Middle)		Date of birth
Street address		
City	State	ZIP code
License/Registration/ID card number		Expiration date

Licensing authority

The applicant named above is applying for licensing in Washington State as a private investigator based upon his/her license/registration in your jurisdiction. Please provide the information below to support his/her application. Return this completed form to the applicant at the address provided or forward it directly to this office at the address above. Thank you for your assistance.

TYPE OR PRINT State/Jurisdiction		
License/Registration number	Issued date	Expiration date
Licensed/Registered as <input type="checkbox"/> Unarmed private investigator <input type="checkbox"/> Armed private investigator <input type="checkbox"/> Principal of company		
Training information Did this licensee meet the minimum preassignment training and testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of the licensing prerequisites and training requirements.		
Complaints Are there any complaints against this licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Additional information Any other information you are able to release would be appreciated.		

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Print or type Name of administrative officer

X
Signature of administrative officer

Date and place