

Private Investigator License Application

Send 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**

Telephone: (360) 664-6611



For validation only 001-070-299-0012



29913-APPLICATIONS

This is an application for:

- New unarmed applicant – **\$200**
- Armed endorsement – **\$100** (in addition to \$200 fee if new applicant)
- Transfer/Rehire – **\$25** (in addition to renewal fee if due)
- Renewal – **\$175**
- Late renewal – **\$200**
- Certified trainer endorsement renewal – **\$15** (in addition to renewal fee)

Applicant information

TYPE OR PRINT Name <i>(Last, First, Middle)</i>			
Social Security number required*		Date of birth <i>(mm/dd/yyyy)</i>	Citizenship <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident alien
Residential street address			
City		State	ZIP code
(Area code) Home telephone number	Email		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it will result in denial of your application.

Agency information

Agency name		Private investigative agency license number (not UBI)	
Agency address <i>(street address as it appears on the license)</i>			
City		State	ZIP code
(Area code) Agency telephone number	(Area code) Agency fax number	Agency email	

Certification of preassignment testing/training (New applicants only)

Name of certified trainer	License number of certified trainer	Expiration date
<p>Certification <i>I hereby certify under penalty of perjury under the laws of the state of Washington, that the above named applicant has successfully completed the preassignment training and testing requirements as outlined in WAC 308-17-300. Incorrect answers were reviewed with the applicant and the test results have been verified and signed by me.</i></p>		
Date and place		<p>X Signature of certified trainer</p>

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), telephone (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)

Criminal history

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

In this state or any other jurisdiction are you or have you:

- 1. Within the last 10 years, 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. Currently under indictment, or is there a criminal complaint, charge, or information pending against you? Yes No
- 3. Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses.) Yes No

What were you convicted of?	Date	Name of court	City and state	Misdemeanor, gross misdemeanor, or felony?
1.				
2.				

To show additional convictions, attach pages.

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.

Applicant authorization and certification

Do you authorize all organizations and government agencies (local, state, federal, or foreign) to release any information, files, or records requested to this Department to process your application? . . . Yes No

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

_____ **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.