

**Private Security Guard License Application**

Send this completed form with a check or money order payable to the Washington State Treasurer, to:

**Private Security Guard Program  
Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048**

Telephone: (360) 664-6611

For validation only

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001-070-299-0010

This is an application for:

- New unarmed applicant – **\$111**
- Armed endorsement – **\$10**
- Transfer/Rehire – **\$25**
- Dual licensure for:    Unarmed – **\$111**    Armed – **\$121**
- Renewal – **\$85**
- Late renewal – **\$90** (not required when renewing with a transfer/rehire application)
- Certified trainer endorsement renewal – **\$15** (in addition to the renewal fee)
- Duplicate license – **\$10**

**Applicant information**

|  |  |  |               |  |  |
|--|--|--|---------------|--|--|
| TYPE OR PRINT Name (Last, First, Middle)   |  |  | Date of birth |  |  |
| Residence address  |  |  |               |  |  |
| City   |  | State  | ZIP code      | (Area code) Home telephone   |  |
| Citizenship<br><input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident alien   |  | Social Security number<br><small>Used for child support enforcement.<br/>Kept on file. RCW 26.23.150</small> |               | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Previous license<br>Have you been a licensed security guard in the state of Washington within the last two years? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, License number _____ Expiration date _____ |  |  |               |  |  |

**Business information**

|  |  |                        |                        |                                 |  |
|--|--|------------------------|------------------------|---------------------------------|--|
| Business name  |  | Company license number |                        | Company license expiration date |  |
| Business address (Street address as it appears on the license) |  |                        |                        |                                 |  |
| City   |  |                        | State                  | ZIP code                        |  |
| (Area code ) Business telephone                                |  |                        | (Area code) Fax number |                                 |  |

**Certification of preassignment testing/training (New applicants only)**

|  |  |                                     |  |                           |  |
|--|--|-------------------------------------|--|---------------------------|--|
| Temporary card number  |  | Date issued                         |  | Expiration date (60 days) |  |
| Name of certified trainer  |  | License number of certified trainer |  | Expiration date           |  |
| Certification<br><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 308-18-300. Incorrect answers were reviewed with the applicant and the test results have been verified and signed by me.</i> |  |                                     |  |                           |  |
| _____<br>Date and place  |  |                                     | <b>X</b> _____<br>Signature of certified trainer |                           |  |

**Applicant personal data**

- 1. If you have ever been convicted of a crime, including juvenile convictions, you must provide complete information about your conviction(s) and include copies of your court records. A determination of your eligibility cannot be made until all documentation is received and a complete criminal history record check has been completed.
  - Do not include traffic violations for driving under the influence, driving while suspended, or reckless driving.
  - If you are not sure of your record, please do the research before you apply. Application fees are non-refundable.

| What were you convicted of? | Date | Name of court | City and state | Misdemeanor, gross misdemeanor, or felony? |
|-----------------------------|------|---------------|----------------|--|
| 1.                          |      |               |                |  |
| 2.                          |      |               |                |  |
| 3.                          |      |               |                |  |

*To show additional convictions, attach pages.*

- 2. Have you been licensed as a security guard in any jurisdiction? . . . . .  Yes  No

If yes: In the state of \_\_\_\_\_ Date \_\_\_\_\_  
*You can check your Washington State license status at <https://fortress.wa.gov/dol/dolprod/profquery/>*

- 3. Has your security guard license ever been suspended, revoked or restricted? . . . . .  Yes  No

If yes: In the state of \_\_\_\_\_ Date \_\_\_\_\_

**Fingerprinting**

Provide one set of fingerprints with your application.  
 We will conduct a criminal history background check as part of the application process.

**Firearms certification course (New armed applicants only)**

Armed security guards 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)

**Applicant certification**

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.

*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

**Once filed, this application is a public record and is subject to public disclosure. RCW 42.56**