

Private Security Guard License Application



FOR VALIDATION ONLY

001-070-299-0010

- New Unarmed Applicant - \$85**
- Armed Endorsement - \$10**
- Transfer/Rehire - \$25** - Transfer is for: Unarmed Armed
- Dual Licensure - Unarmed \$85 Armed \$95**
- Renewal - \$55**
- Late Renewal - \$70**
A late fee is not required if you are submitting a renewal with a Transfer/Rehire application.
- Certified Trainer Endorsement Renewal - \$15**
In addition to the renewal fee
- Duplicate License - \$10**

Make remittance payable to State Treasurer.
 Send this application with your remittance to:
 Department of Licensing
 PO Box 9048
 Olympia, WA 98507-9048

Applicant Information

Please type or print clearly in dark ink

Last Name	First Name	Middle Name	Date of Birth / /
Applicant's Residence Address (<i>Street</i>)			
City	State	Zip	Home Telephone No. ()
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien	Social Sec. No. (<i>required -RCW26.23.150</i>)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Have you been a licensed security guard in the state of Washington within the last two years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, License Number _____ Expiration Date ____/____/____			

Business Information

Business Name	Company License No.	Company License Expiration Date
Business Address (<i>street address as it appears on the license</i>)		
City	State	Zip
Business Telephone No. ()	Fax No. ()	

Certification of Preassignment Training/Testing - New Applicants Only

Temporary Card No.	Date Issued	Expires On (<i>60 days</i>)
This is to certify that _____ has successfully <i style="text-align: center;">Applicant's name</i> completed the preassignment training and testing requirements as outlined in WAC 308-18-300. Incorrectly answered questions were reviewed with the applicant and the test results have been verified and signed by me.		
X _____ <i style="text-align: center;">SIGNATURE OF CERTIFIED TRAINER</i>		_____ <i style="text-align: center;">PRINTED NAME OF CERTIFIED TRAINER</i>
Date ____/____/____	_____ <i>CERTIFIED TRAINER LICENCE NUMBER</i>	_____ <i>CERTIFIED TRAINER EXPIRATION DATE</i>

Applicant Personal Data – answer all questions below.

1. Have you **ever** been convicted of a crime, including juvenile convictions? Yes No
 Do not include traffic convictions for driving under the influence, driving while suspended, or reckless driving.
- If you answered **Yes**, list the conviction(s) below and submit a **copy of the court record**.
 - If you don't provide the requested information, including the court records, your application may be denied.
 - If you don't disclose a conviction, your application may be denied for misrepresentation. If you are not sure of your record, please do the research before you apply. Application fees are non-refundable.

WHAT WERE YOU ARRESTED FOR?	DATE	CITY AND STATE	NAME OF COURT	OUTCOME OR CONVICTION CLASSIFICATION
1.				
2.				
3.				

For additional convictions, please use a separate sheet of paper and follow the same instructions above.

2. Have you been licensed as a security guard in any jurisdiction? If yes, in what jurisdiction? *(Please insert name of state, _____ and date _____)*. Yes No
 Check your Washington State License status at: <https://fortress.wa.gov/dol/dolprod/profquery/>
3. Have you ever had a security guard license suspended, revoked, or restricted? If "yes," in what jurisdiction? *(Please insert name of state, _____ and date _____)*. Yes No

As part of the application process, we conduct a background check for criminal convictions.

Please provide one clear set of fingerprints with your application.

Firearms Certification Course – New Armed Applicants Only

RCW 18.170.040(c) requires armed security guards to have an initial firearms certificate issued by the Criminal Justice Training Commission (CJTC), telephone (206) 835-7314. After you have completed the firearms training, CJTC will issue a notice that you have completed the training course. Your armed license cannot be issued until we have received your firearms certificate.

Certification – Mandatory Signature

I, _____, certify that the information provided in this application
PRINT APPLICANT'S NAME (First, middle, last)
 and any supporting documents, is true, complete, and correct to the best of my knowledge. I understand that if I misrepresent or conceal any material fact(s) in my application for a private security guard license, it will be grounds for denial or suspension of a license. I understand that the Department of Licensing may conduct a complete background investigation regarding my application. RCW 18.170, RCW 18.235.

X _____
APPLICANT'S SIGNATURE
 Date _____ / _____ / _____

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