



This form is used to gather licensing information about applicants for license/ registration as a private security guard in Washington State.

**Applicant**

Complete this section, then send this form to the licensing authority in the state where you are currently licensed/ registered.

Name (Last, First, Middle initial)		Date of birth (Month, day, year)	
Address			
City		State	ZIP code
License/Registration/ID card number		Expiration date	

**Licensing authority**

I am applying for a license in Washington State as a private security guard based upon my license/ registration in your jurisdiction. Please complete the section below and return it **with a copy of your state's licensing prerequisites and training requirements** to:

Public Protection Services  
**Department of Licensing**  
 PO Box 9649  
 Olympia, WA 98507-9649

State/Jurisdiction		
License/Registration type <input type="checkbox"/> Unarmed guard <input type="checkbox"/> Armed guard <input type="checkbox"/> Principal of company		
License/Registration number	Issue date	Expiration date
Answer the following Did licensee met minimum preassignment training and testing requirements? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any complaints against this licensee? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No Is there any disciplinary activity pending against this licensee? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? _____		
Any additional information you are able to release will be appreciated		
_____ PRINT name of administrative officer <b>X</b> _____ Signature of administrative officer <span style="float: right;">Date</span>		