

Private Security Guard Company License Renewal Application

Renew a private security guard company license.

Online: https://professions.dol.wa.gov

Or mail this completed form with a check or money order (payable to the Department of Licensing) to:

Private Security Guard Program Department of Licensing PO Box 35001 Seattle WA 98124-3401

For questions or language help call: (360) 664-6611

Fees

Company renewal – **\$332 (includes Principal's renewal)** Company late renewal – additional **\$110**

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

\$0 self-print license online.

\$5 each. DOL print and mail license. Quantity_____ Total \$_____

Company information

TYPE OR PRINT UBI/UBI Business ID/UBI Lo	ocation ID (16 digits)			
Company name			Company license number	
Type of business (check one)			Number of partners (if partnership)	
Sole proprietor Partnership	Corporation	Foreign corporation		
Company address (street address in Washingto	on state)			
City			State WA	ZIP code
10-digit phone number	Company email			
Company mailing address (if different)				
City			State	ZIP code

Principal information

TYPE OR PRINT Name (Last, First, Middle initial)					
Social Security number*	Date o	Date of birth (mm/dd/yyyy)			
Mailing address					
City		S	State	ZIP code	
10-digit phone number	Email				
Military? (check if applicable) Current or former:	Military member	Military spouse or domestic partner	r		

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

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Legal background

Answer the following

Date and place

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

By completing this application, you authorize any business associates (past and present) and any government agencies (local, state or federal) to release any information, files, or records which may be required for a background investigation to the Department of Licensing.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name	
X	
Applicant signature	

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.