

Private Investigator Association Request

Add a private investigator with an active license to your agency. You can also request their license renewal at the same time.

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

Or mail this form, any requirred attachments, and a check or money order for the fees (payable to the Department of Licensing) to:

Public Protection Services Department of Licensing PO Box 35001 Olympia, WA 98124-3401



29912-APPLICATIONS

For questions or language help: call (360) 664-6611 or email security@dol.wa.gov

Important:

- This form must be signed by the employee and the agency representative.
- The private investigator agency must provide the agency license number.

Fees					
☐ Add a private investigator-\$25					
☐ Armed endorsement—additional :	\$110				
☐ Renew my employee's license-\$	193				
Licenses are available for self-printing	g with an online	account.			
If you want us to print and mail your	license add a \$5	print fee for each	h copy to	your payment.	
☐ \$0 self-print license online.					
☐ \$5 each. DOL print and mail licen	se. Quantity	Total \$			
Agency information					
TYPE OR PRINT Agency name				Private investigator agency license no	umber
Street address as it appears on your license					
			ı		
City			State	ZIP code	
	T				
(Area code) Phone number	Email				
HDW ID D ID WID W ID (40 II W)					
UBI/UBI Business ID/UBI Location ID (16 digits)					
Mailing address (if different then above)					
Mailing address (if different than above)					
City			State	ZIP code	
Oity			State	Zii code	
	Title of o	ianos			
	Title of s	ignee			
Date .		v representative signs	ituro		

Employee information TYPE OR PRINT Name as you would liike it to appear on your license Private investigator license number Full legal name (Frst, Middle, Last) Date of birth (mm/dd/yyyy) Social Security number Residence address State ZIP code (Area code) Phone number Fmail Military? (check if applicable) Current or former: \square Military member \square Military spouse or domestic partner *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). Legal background Answer the following Answer the questions below. If you answer "Yes," attach a detailed explanation. 1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional 2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? By completing this application, you authorize any business associates (past and present) and an 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 Date and place Employee signature

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.