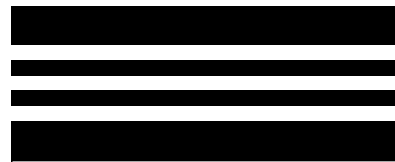




Private Security Guard Company License Renewal Application



Use this form to renew a private security guard company license.
Send 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



This is an application for:

- Company renewal – **\$300**
 Company late renewal – additional **\$100**

Company information

TYPE OR PRINT UBI number		
Company name		Company license number
Type of business <i>(check one)</i> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Foreign corporation		Number of partners <i>(if partnership)</i>
Company address <i>(street address in Washington state)</i>		
City		State WA
(Area code) Telephone number	(Area code) Fax number	Company email
Company mailing address <i>(if different)</i>		
City		State ZIP code
Branch office address <i>(Street, city, state, ZIP code)</i>		
Branch office address <i>(Street, city, state, ZIP code)</i>		

To show additional branches, attach pages.

Principal information

TYPE OR PRINT Name <i>(Last, First, Middle initial)</i>		
Social Security number required*	Date of birth <i>(mm/dd/yyyy)</i>	Citizenship <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident alien
Home address		
City		State ZIP code
(Area code) Home telephone number	Email	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it will result in denial of your application.

Criminal history

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

In this state or any other jurisdiction are you or have you:

- 1. Within the last 10 years, had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? Yes No
- 2. Currently under indictment, or is there a criminal complaint, charge, or information pending against you? Yes No
- 3. Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses.) Yes No

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 certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____ **X** _____
 Date and place signed 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.