

**Private Security Guard Initial License Application**

Use this form to apply for an initial private security guard license or license endorsement. Send this form, any required attachments, and a check or money order payable to the Department of Licensing, to:

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

**Questions?** Call (360) 664-6611 or email [security@dol.wa.gov](mailto:security@dol.wa.gov)

**What you will need to complete this application**

- Background check (see [dol.wa.gov/business/fingerprinting.html](http://dol.wa.gov/business/fingerprinting.html))
- Your Social Security number if you are a United States citizen.
- Trainer certification of preassignment training.
- Security guard company certification of hiring.
- If you are applying for an armed endorsement, you must be at least 21 years old and pass the 8-hour firearms certification course certified by the Criminal Justice Training Commission, telephone (206) 835-7300. Alien residents also need to submit proof of an alien firearm license (apply to the sheriff of the county where you live for this license).

To apply for a certified trainer endorsement you must use the [Private Security Guard Exam/Reexam Application](#) (form PSG-690-013) and pass the Certified Trainer exam.



For validation only 001-070-299-0010



**Fingerprinting and background check**

Completed checks (Armed needs both, unarmed needs WSP only) <input type="checkbox"/> FBI <input type="checkbox"/> WSP	Date check completed	Identogo transaction control number
--	----------------------	-------------------------------------

**Applicant information**

Application type (check all that apply)			
<input type="checkbox"/> Security guard license – \$91			
<input type="checkbox"/> Armed endorsement – <b>add \$10</b> (attach a firearms certificate from the Criminal Justice Training Commission) (Alien residents must also attach proof of an alien firearm license)			
<input type="checkbox"/> Dual licensure – <b>add \$25</b> (armed must certify with Washington State Criminal Justice Training Center)			
TYPE or PRINT Name (Last, First, Middle)			
Social Security number required*	Date of birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident alien
Residence address			
City		State	ZIP code
(Area code) Telephone number	Email		

\*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.

**Trainer certification of preassignment training**

Applicant temporary card number	Date issued (valid for 60 days)	Expiration date
Name of certified trainer	License number of certified trainer	Expiration date
Answer the following		
1. Have you provided security guard training of the applicant named above? (WAC 308-18-300). . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Has the applicant successfully tested and had their answers reviewed with you? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certification <i>I hereby certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>		
Date and place	<b>X</b> Signature of certified trainer	

**Company certification of hiring**

1 Company name		Security guard company license number
Address, City, State, ZIP code <i>(Street address as it appears on the license)</i>		
(Area code) Telephone number	(Area code) Fax number	Email
Employing as <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed		
Certification <i>I hereby certify under penalty of perjury that the applicant named has been hired by this company.</i>		
_____ TYPE or PRINT Name of company representative <b>X</b>		_____ Signature of company representative
_____ Date and place		
<b>Additional if dual license</b> Company name		Security guard company license number
Address, City, State, ZIP code <i>(Street address as it appears on the license)</i>		
(Area code) Telephone number	(Area code) Fax number	Email
Employing as <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed		
Certification <i>I hereby certify under penalty of perjury that the applicant named has been hired by this company.</i>		
_____ TYPE or PRINT Name of company representative <b>X</b>		_____ Signature of company representative
_____ Date and place		

**Applicant 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 fines, suspensions, revocations, censures, or surrenders taken against your professional or occupational licenses, certifications, or permits? . . . . .  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.*

_____ Date and place	_____ <b>X</b> Applicant signature
-------------------------	--

**Providing false information in this application may cause for the denial, suspension, or revocation of your private security guard license in the state of Washington.**