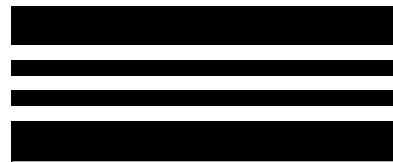




Private Security Guard Company Transfer/Rehire Request



Use this form to add a security guard with an active license to your company. You can also request their license renewal at the same time. Send this form, any required 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
Seattle WA 98124-3401



29918-APPLICATIONS

Questions? Call (360) 664-6611 or email security@dol.wa.gov

What you will need to complete this request

- This form must be signed by the employee and the company representative.
- The security guard company must provide the company license number.
- The security guard must provide their license and Social Security numbers.

This is a request to:

- Add an unarmed guard \$25
- Add an armed guard \$35
- Renew my employee's license \$85

Company information

| | | | |
|--|------------------------|---------------------------------------|-------------------------------------|
| TYPE or PRINT Company name | | Security guard company license number | |
| Address (Street address as it appears on the license, City, State, ZIP code) | | | |
| (Area code) Telephone number | (Area code) Fax number | Email | |
| Applicant temporary card number (if issued, only on transfer) | | Date issued | Expiration date (valid for 60 days) |
| Name of certified trainer | | License number of certified trainer | Expiration date |
| <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p> | | | |
| Date and place | | Title of signee X | Company representative signature |

Employee information

| | | | |
|--|-------|-------------------------------|--|
| TYPE OR PRINT Name (Last, First, Middle) | | Security guard license number | |
| Social Security number required* | | Date of birth (mm/dd/yyyy) | |
| Residence address, City, State, ZIP code | | | |
| (Area code) Home 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.

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.

X

Date and place signed

Employee 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.