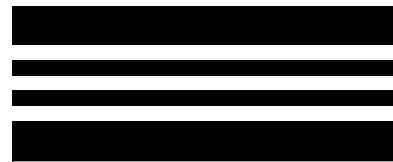




Private Security Guard Initial License Application



Apply for an initial private security guard license or license endorsement.

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

Or mail 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**



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

What you will need to complete this application

- Background check (see dol.wa.gov/professional-licenses/fingerprinting-and-background-checks)
- Your Social Security number if you are a United States citizen.
- 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, phone (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.

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 \$ _____

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—\$101			
<input type="checkbox"/> Armed endorsement—add \$10 (attach a firearms certificate from the Criminal Justice Training Commission) (Alien residents must also attach proof of an alien firearm license)			
TYPE or PRINT Name as you would like it to appear on your license			
Full legal name (First, Middle, Last)			
Social Security number*	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) Phone number	Email		
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> 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).

Company certification of hiring

Company name	Security guard company license number
Address, City, State, ZIP code (<i>Street address as it appears on the license</i>)	
(Area code) Phone number	Email
Employing as <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Certification <i>I declare under penalty of perjury under the law of Washington that the applicant named has successfully completed the required training as outlined in the laws and rules of Washington State.</i>	
_____ TYPE or PRINT Name of company representative X	
Date and place	Company representative signature

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 or occupational license, certification, or permit held by you? Yes No
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? (Don't include traffic convictions.) 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 declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place	TYPE or PRINT Name X Applicant 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.