



Private Investigator License Application

Apply for a private investigator license.

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

Or mail this completed form with 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

Fees

New unarmed applicant—\$220

Armed endorsement—\$110 (in addition to \$220 fee if new applicant)

Association—\$25

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 \$ _____

Applicant information

| | | | |
|--|----------------------------|---|----------|
| 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) | Citizenship U.S. citizen Resident alien | |
| Physical location address | | | |
| City | | State | ZIP code |
| Mailing address (if different) | | | |
| City | | State | ZIP code |
| 10-digit phone number | Email | | |
| Military? (check if applicable) Current or former: Military member Military spouse or domestic partner For Service members and their spouses: When a Service member and their spouse must move due to Military orders, Washington state may recognize their current license or certificate if they provide the following: 1. A copy of the military orders with this application; | | | |

*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).

Applicant information (continued)

Military (continued)

2. A license that is in good standing in all jurisdictions where the individual held their license before.
 - During application review, DOL may request an original Certification of Licensure or Letter of Good Standing from each jurisdiction.
 - There may be continuing education requirements needed for DOL to recognize the license.
3. Complete the following table if you hold a license issued by any state (except Washington).

| State | License number | Expiration date (mm/dd/yyyy) |
|-------|----------------|------------------------------|
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| | | |

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

Fingerprinting

All private investigators must have fingerprint-based background checks. You must apply and obtain an application number prior to submitting fingerprints. For information about the fingerprinting and background check process, go to dol.wa.gov/professional-licenses/fingerprinting-and-background-checks.

To check the status of your application go to: <https://professions.dol.wa.gov>

Firearms certification course

Armed private investigators attend an eight-hour firearms certification course certified by the Criminal Justice Training Commission (CJTC), phone (206) 835-7300. When you complete the firearms training, they will issue a certificate. We cannot issue you an armed license until we receive your firearms certificate. RCW 18.170.040(c)

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.

TYPE or PRINT Name

X

Applicant signature

Date and place

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

Employer information

| | | |
|---|--------------|----------|
| Agency name | | |
| Private investigative agency license number (not UBI) | | |
| Agency address (<i>street address as it appears on the license</i>) | | |
| City | State | ZIP code |
| 10-digit agency phone number | Agency email | |

Certification of preassignment testing/training

| | |
|--|--|
| Certification | |
| <i>I certify under penalty of perjury under the law of Washington, that the named applicant has successfully completed the required training as outlined in the laws and rules in the state of Washington.</i> | |
| | _____ TYPE or PRINT Name of certified trainer |
| | X |
| _____ Date and place | _____ Signature of certified trainer |