WASHINGTON STATE DEPARTMENT OF Private Security Guard LICENSING Company/Qualifying Principal License Application

Apply online: <u>https://professions.dol.wa.gov</u>

Or mail 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

29909-APPLICATIONS

For questions or language help call: 360-664-6611

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 \$ _____

Application type

Company with principal – **\$364** Change of principal – **\$80**

Company information

UBI/UBI Business ID/UBI Location ID (16 digits)			Company name			
Type of business (check one)			I		Numl	ber of partners if partnership
Sole proprietor	Partnership	Corpo	oration	Foreign corporatio	n	
Company address (street addr	ess in Washington state	e)				
City					State WA	ZIP code
10-digit phone number	Company	email				
Company mailing address <i>(if c</i>	different)					
City					State	ZIP code
Location address (Street, city,	state, ZIP code)					
Location address (Street, city,	state, ZIP code)					

To show additional branches, attach pages.

Principal information

Type or Print Name (Last, First, Middle in	itial)					
Social Security number*	Date	of birth (mm/dd/yyyy)	Citiz	zenship		
				U.S. citiz	zen	Resident alien
Address	I		ı			
City				State	ZIP code	9
10-digit home 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:						
 A copy of the military orders 	ະ with this	application;				

- 2. A license that is in good standing in all states where the individual held their license before.
 - a. During application review, DOL may request an original Certification of Licensure or Letter of Good Standing from each state.
 - b. 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 (excluding Washington).

State	License Number	Expiration Date		

Requirement under which you will be qualifying for license: (check one)

Three years experience as a manager, supervisor, or administrator in the security business or a related field (see RCW 18.170.060).

Examination (see next page)

*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).

Legal background

Answer the following

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

 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
 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 security guards 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

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

Date and place signed

X

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.