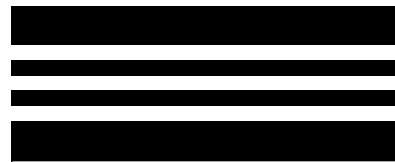




WASHINGTON STATE DEPARTMENT OF

LICENSING

Private Security Guard License Renewal Application



Renew a private security guard license.

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

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 \$ _____

What you will need to complete this application

- A security guard license number that is current or expired less than 1 year.
- The license number of the security guard company you work for.

Applicant information

Application type <i>(check all that apply)</i>		
<input type="checkbox"/> Security guard license renewal— \$95		
<input type="checkbox"/> Late renewal— add \$15		
<input type="checkbox"/> Certified trainer endorsement renewal— add \$15		
TYPE OR PRINT Name <i>(Last, First, Middle)</i>		Security guard license number
Date of birth <i>(mm/dd/yyyy)</i>		
Residence address		
City		State ZIP code
(Area code) Home phone number	Email	

Company information

Company name		Security guard company license number
Address <i>(Street address as it appears on the license)</i>		
City		State ZIP code
(Area code) Phone number	Email	

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.

TYPE or PRINT Name

X

Applicant signature

Date and place

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.