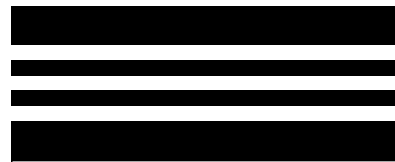




# Private Security Guard Exam/Reexam Application



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

Or mail this completed form, with a check or money order (payable to Department of Licensing) to:



**Private Security Guard Program**  
Department of Licensing  
PO Box 35001  
Seattle, WA 98124-3401



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

### Application type

Company principal – \$25

Certified trainer – \$25

### Applicant information

TYPE or PRINT Name ( <i>Last, First, Middle</i> )		Date of birth	
Business name			
Business street address			
City		State WA	ZIP code
10-digit phone number	Email		

\_\_\_\_\_  
TYPE or PRINT Name

**X**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date