

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

- Your Social Security number if you are a United States citizen.
- · Security guard company certification of hiring.

To apply for a certified trainer endorsement you must use the <u>Private Security Guard Exam/Reexam Application</u> (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 \$____

Applicant information

Application type (check all that app	oly)						
Security guard licens	e- \$1	01					
Armed endorsement- Commission. Alien re		•				ice Tra	aining
TYPE or PRINT Name as you wou	ld like it	to appear on your licens	е				
Full legal name (First, Middle, Last	:)						
Social Security number* Date of		of birth (mm/dd/yyyy)	Gender		Citizenship		
			Male	Female	U.S. citizen Re		Resident alien
Residence address	•						
City					State	ZIP co	ode
		т.					
10-digit phone number		Email					
NEW O(1 1 II II II II II I							
Military? (check if applicable)							
Current or former:	Militar	y member Mil	itary spouse	or domestic	partner		
For Service members at Military orders, Washing 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		

Company certification of hiring

Company name		Security guard company license number
Address, City, State, ZIP code (Street add	ress as it appears on the license)	
10-digit phone number	Email	
Employing as Armed Unarmed		
	under the law of Washington that the applican e laws and rules of Washington State.	t named has successfully completed the
	TYPE or PRINT Name of company re	presentative
	<u> </u>	
Date and place (city or county)	Company representative signature	

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
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 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	e law of Washington that the foregoing is true and correct.
	TYPE or PRINT Name
	X
Date and place	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.