



FORM CJT 721
ADD/CHANGE FIREARM(S) – AGENCY TRANSFER
/ADDRESS CHANGE
 PRIVATE SECURITY GUARDS / PRIVATE INVESTIGATORS/ BAIL
 BOND RECOVERY AGENTS

Send completed update & forms to:

WSCJTC CIT Division
 19010 1ST AVE S
 BURIEN WA 98148
 By Email: pspi@cjtc.state.wa.us
 Or Fax To: 206-835-7953

Revised 10/2016

INSTRUCTIONS (Please type or print ALL information legibly):

- EMPLOYER:** Complete and sign this form and return it to the address above with Forms CJT 723, 728, 729, 730, if applicable. The firearms qualification forms must have been completed & signed by a PS Certified Firearms Instructor and the applicant. One qualification sheet is required for each firearm listed below. FORM 731 is not needed if an active firearms certificate is already on file.
- Additional firearm information is stored in the WSCJTC database and provided to DOL when requested. The WSCJTC will notify the company by email when an add/change firearm or agency update once completed.
- AGENCY TRANSFER:** Complete this form to transfer an active firearms certificate from one agency to another. Attach all necessary qualification sheets, FORMS 723 and 731, and submit to address on form.
- ADDRESS CHANGE:** Complete this form and submit with signature to update current company address for active firearms certificate.
- FEE: \$0**

PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY

INCOMPLETE UPDATES WILL NOT BE PROCESSED

ADD/CHANGE
FIREARM(S)

AGENCY
TRANSFER

ADDRESS
CHANGE

AGENCY TRANSFERRING FROM (if
applicable):

PRIVATE SECURITY

PRIVATE INVESTIGATOR

BAIL BOND RECOVERY AGENT

LAST NAME:

FIRST NAME:

MIDDLE

SSN - LAST FOUR:

WSCJTC FIREARMS CERTIFICATE # (If known)

DOL LICENSE #:

AGENCY / COMPANY NAME:

APPLICANT WORK EMAIL ADDRESS:

AGENCY ADDRESS:

CITY:

STATE:

ZIP CODE:

AGENCY PHONE:

COMPANY OWNER/DESIGNEE EMAIL ADDRESS: (Required)

NEW FIREARMS: (COMPLETE ALL THAT APPLY)

HANDGUN	MANUFACTURER -MODEL NAME -CALIBER
	MANUFACTURER -MODEL NAME -CALIBER
	MANUFACTURER -MODEL NAME -CALIBER
SHOTGUN	MANUFACTURER -MODEL NAME -CALIBER
RIFLE	MANUFACTURER -MODEL NAME -CALIBER

The applicant named herein is at least 21 years of age and possesses a current and valid security guard, private investigator, or bail bond recovery agent license. Sole proprietors/principals must sign for themselves.

COMPANY OWNER/DESIGNEE (PRINT)

COMPANY OWNER/DESIGNEE (SIGNATURE)

FOR COMMISSION USE ONLY

Approved

Disapproved

Date Received: _____

Email Confirmation: _____

Handgun (s): _____

Shotgun (s): _____

Rifle (s): _____

DATE PROCESSED: