



FORM CJT 726
FIREARMS CERTIFICATE APPLICATION
 PRIVATE SECURITY GUARDS / PRIVATE
 INVESTIGATORS / BAIL RECOVERY AGENTS

Revised 5/2014

Send completed application, forms, & fee to:

WSCJTC
PO Box 40905
Olympia WA 98504-0905

INSTRUCTIONS

1. Complete and sign this application and return it to the WSCJTC with required test sheets (Forms CJT 728, 729, 730, and 731). Attach firearms certificate written test which has been completed & signed by a PS Certified Firearms Instructor and the applicant. Completed qualification sheets are required for each firearm listed below. Incomplete applications will not be processed until all required paperwork and fee is submitted.
2. Enclose a check for **\$100**, payable to: **WSCJTC**.
3. If application is approved, a firearms certificate will be issued within **20** business days to the company owner/designee email address on this application. Notification of the firearms certificate is provided to the Dept. of Licensing when a firearms certificate is issued. The firearms certificate is not active until an armed license is issued by DOL.
4. Firearms certificates are **NOT** property of the individual, but the company and do not cover all companies a person works for. A firearms certificate is issued per company as firearm is owned or leased by them per RCW 18.165, 18.170, and 18.185.

****If sole proprietor, or DBA, please provide copy of principal license with application and sign for self as owner/designee.**

FIREARM CERTIFICATE TYPE		<input type="checkbox"/> PRIVATE SECURITY	<input type="checkbox"/> PRIVATE INVESTIGATOR	<input type="checkbox"/> BAIL BOND RECOVERY AGENT
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:	OTHER NAME(S) USED (if applicable):	
AGENCY / COMPANY NAME:			AGENCY OWNER/DESIGNEE EMAIL ADDRESS <small>(Required For Certificates):</small>	
AGENCY ADDRESS:		CITY:	STATE:	ZIP CODE:
AGENCY PHONE:		AGENCY BUSINESS LICENSE NUMBER (if available):		

FIREARM(S) FOR WHICH A CERTIFICATE IS REQUESTED: (COMPLETE ALL THAT APPLY)

HANDGUN	Manufacturer-Model Name-Caliber
HANDGUN	Manufacturer-Model Name-Caliber
HANDGUN	Manufacturer-Model Name-Caliber
SHOTGUN	Manufacturer-Model Name-Caliber
RIFLE/OTHER	Manufacturer-Model Name-Caliber

The applicant named herein is at least 21 years of age and possesses or will possess a current and valid security guard, private investigator, or bail bond recovery agent license. PI/BBRA SOLE PROPRIETOR PS PRINCIPAL (Check if applicable.)

COMPANY OWNER/DESIGNEE (PRINT)

COMPANY OWNER/DESIGNEE (SIGNATURE)

WSCJTC USE ONLY

FIREARMS CERTIFICATE: 90 _____ PI _____ BB _____ Certificate emailed: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Initials: _____ Date: _____	Firearm Count: HGN: _____ SHOT: _____ RIFLE: _____ OTHER: _____	RECEIVED: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____ Amount: \$ _____
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