



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

Revised 10/20/16

Send completed application, forms, & fee to:
WSCJTC Fiscal Unit
19010 1st Avenue South
Burien WA 98148
 -or-
Online: PDF forms with original signatures
to: pspi@cjtc.state.wa.us

INSTRUCTIONS

- Complete this application and return it to the address above with Forms 723 History Check, 731 Written Test and 729 Handgun Qualification(s). The 729 and 731 Forms must be completed & signed by a PS Certified Firearms Instructor and the applicant. Send one 729 Form for each handgun you listed below. (Form 728 is for Shotguns and Form 730 is for Rifles). **Incomplete applications will not be processed** until all required paperwork, signatures, and the fee are submitted.
- Enclose a check for **\$100**, payable to: **WSCJTC**. Pay online via credit card to: <https://fortress.wa.gov/cjtc/www/online-payment.php> (Select "Pay for course," then fill in for all applicants. For course name select "Firearms Certs," & course number is 2329).
- Application processing is first come/first serve by date up to **20** business days. Notification of the Firearms Certificate is emailed to agency and provided to the Dept. of Licensing when a certificate is issued. The Firearms Certificate is not active until an armed license is issued by DOL. Firearms Certificates are **NOT** the property of the individual, they belong to the company and cannot be shared between different companies a person works for. One Firearms Certificate is issued per company/per license type because the firearm is owned or leased by the company and individual works for 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.**

Select One Certificate Type Only:	<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:		APPLICANT WORK EMAIL ADDRESS (Required):	
AGENCY ADDRESS:	CITY:	STATE:	ZIP CODE:
AGENCY PHONE:	COMPANY OWNER/DESIGNEE EMAIL ADDRESS <small>Required to receive the certificate</small>		

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. SOLE PROPRIETOR PRINCIPAL (Check if applicable.)

COMPANY OWNER/DESIGNEE (PRINT)	COMPANY OWNER/DESIGNEE (SIGNATURE)
_____	_____

WSCJTC USE ONLY			
FIREARMS CERTIFICATE: PS _____ PI _____ BB _____ Certificate emailed: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Initials: _____ Date: _____	Firearm Count: HGN: _____ SHOT: _____ RIFLE: _____ OTHER: _____	RECEIVED: Payment Type: _____ Trans #: _____ Amount: \$ _____