



FORM CJT 726
FIREARMS CERTIFICATE APPLICATION
 PRIVATE SECURITY GUARDS / PRIVATE
 INVESTIGATORS / BAIL 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 Form must be completed & signed by a PS Certified Firearms Instructor and the applicant. Send one 729 Form for each handgun. **Incomplete applications will not be processed.**
- 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 Firearm Certs 2329)
- If the application is approved, a firearms certificate will be issued within **20** business days by email to the company owner/designee email address you listed below. Notification of the firearms certificate is 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 because the firearm is owned or leased by the company 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 1 CERTIFICATE 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:		AGENCY OWNER/DESIGNEE EMAIL ADDRESS (TO RECEIVE CERTIFICATE)		

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. P/BBRA SOLE PROPRIETOR PS 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: \$ _____
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