



**FORM CJT 726 FIREARMS
CERTIFICATION APPLICATION**

PRIVATE SECURITY GUARDS / PRIVATE
INVESTIGATORS/ BAIL RECOVERY AGENTS
Revised 4/2012

Return completed application & payment to:
WSCJTC
PO Box 40905
Olympia WA 98504-0905

INSTRUCTIONS (PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY)

- Employer** must complete and sign this form and return it to the WSCJTC with required test sheets. (Forms CJT 728, 729, or 730) Attach original firearms certification test sheets which have been completed & signed by a certified instructor and the applicant. There must be a qualification course sheet for each weapon you have listed below with a completed knowledge test (Form CJT 731). Please visit www.cjtc.state.wa.us for application templates under the Private Security link.
- 8-Hour Certification:** Enclose a check for **\$100**, *Checks are to be made payable to: WSCJTC*. Return completed application and payment to the address above. If approved, you, or your agency, will receive notice of certification within 15 business days of the Commission's receipt of application. Your firearms certification number should be used as a reference for inquiries to the Washington State Department of Licensing regarding issuance of your armed security guard, armed private investigator, or armed bail bond recovery agent license.

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

IMPORTANT: 4-HOUR RECERTIFICATION DOCUMENTS ARE NO LONGER PROCESSED BY WSCJTC.

PLEASE DO NOT SEND CHECKS OR RANGE FORMS TO WSCJTC FOR 4-HOUR CERTIFICATIONS. RECERTIFICATION RECORDS SHOULD BE KEPT IN THE EMPLOYEE FILE FOR (3) YEARS IN THE EVENT OF AN AUDIT.

8-HR INITIAL ARMED CERTIFICATION		<input type="checkbox"/> PRIVATE SECURITY/ 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:			EMAIL ADDRESS (Required For Certificates):	
ADDRESS:		CITY:		STATE: ZIP CODE:
PHONE:		BUSINESS LICENSE NUMBER (if available):		

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

HANDGUN	Manufacturer-Model Name-Caliber
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SHOTGUN	Manufacturer-Model Name-Caliber
RIFLE	Manufacturer-Model Name-Caliber
ADD'L:	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 CERTIFICATION: 9 0 _____ Or B B _____	<input type="checkbox"/> APPROVED	Firearm Count: HGN: _____ SHOT: _____ RIFLE: _____ OTHER: _____	RECEIVED: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order
	<input type="checkbox"/> DENIED		
	Initials: _____		
	Date: _____		