



Form CJT 721B – Add/Change Firearm(s)

Private Security Guards, Private Investigators, Bail Bond Recovery Agents

- Send Completed Application and Form(s) via email: pspi@cjtc.state.wa.us
- Fee \$0

Instructions for completing the Add/Change Firearm(s) Packet.

Employer:

Complete and sign this form and send to the address above include Firearms Qualification form(s) CJT 728, 729, and/or 730.

1. The firearms qualification forms must have been completed and signed by a PS Certified Firearms Instructor and the Applicant.
2. One qualification form is required for each firearm listed below.

The WSCJTC will notify the company by email of an add/change update once completed.

INCOMPLETE PACKETS WILL NOT BE PROCESSED

Choose One:		<input type="checkbox"/> Private Security	<input type="checkbox"/> Private Investigator	<input type="checkbox"/> Bail Bond Recovery Agent
Last Name		First Name		Middle Initial
SSN: Last Four		WSCJTC Firearms Certificate No. (If known):		
DOL License No.:		Agency/Company Name		Hire Date:
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Principal		Attach copy of business license		
Agency Address		City	State	Zip Code
Agency Phone		Agency Owner/Designee Email Address (Required):		
Applicant Work Email Address:				

Firearms: Complete all that Apply

Firearm	No. 1	No. 2	No. 3	No. 4
Manufacturer				
Model Name				
Caliber				
Type (e.g. Rifle)				

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. Signature Below Must Be Original. (Handwritten)

Company Owner/Designee (Print)	Company Owner/Designee (Signature)
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FOR COMMISSION USE ONLY

APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> EMAIL CONFIRMATION DATE: _____	Handgun(s): _____ Shotgun(s): _____ Rifle(s): _____	DATE RECEIVED: _____ DATE PROCESSED: _____ PROCESSED BY: _____
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