



FORM CJT 726 FIREARMS CERTIFICATION APPLICATION

PRIVATE SECURITY GUARDS / PRIVATE INVESTIGATORS/ BAIL RECOVERY AGENTS
Revised 1/2010

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

INSTRUCTIONS (PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY)

1) **Employer** must complete and sign this form and return it to the Training Commission 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.
2) **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.**

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 IN THE EVENT OF AN AUDIT.

CERTIFICATION TYPE:

PLEASE CHECK ONE

PLEASE CHECK ONE

8-HOUR CERTIFICATION (New)

PRIVATE SECURITY/ PRIVATE INVESTIGATOR

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:

GUN(S) PROVIDED BY EMPLOYER FOR WHICH CERTIFICATION IS REQUESTED: (COMPLETE ALL THAT APPLY)

HANDGUN MANUFACTURER -MODEL NAME -CALIBER

MANUFACTURER -MODEL NAME -CALIBER

MANUFACTURER -MODEL NAME -CALIBER

SHOTGUN MANUFACTURER -MODEL NAME -CALIBER

RIFLE MANUFACTURER -MODEL NAME -CALIBER

The applicant named herein is at least 21 years of age and possesses a current and valid security guard, private detective, or bail recovery agent license. **COMPANY OWNER/DESIGNEE (PRINT) COMPANY OWNER/DESIGNEE (SIGNATURE)**

WASHINGTON STATE CRIMINAL JUSTICE TRAINING COMMISSION USE ONLY

Approved _____

Disapproved _____

Handgun _____
Shotgun _____
Rifle _____
Other _____

FIREARMS CERTIFICATION #:

90 _____

RECEIVED:

\$ _____