



# Form CJT 721C – Agency Address Change

Private Security Guards, Private Investigators, Bail Bond Recovery Agents

- Send Completed Form via email: [pspi@cjtc.state.wa.us](mailto:pspi@cjtc.state.wa.us)
- Fee \$0

## Instructions for completing the Address Change.

### Employer:

Complete and sign this form and return to the email above.

Complete this form and submit with signature to update current company address for active Firearms Certificate.

### INCOMPLETE FORMS WILL NOT BE PROCESSED

<b>Choose One:</b>	<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.:	

### OLD ADDRESS AND CONTACT INFORMATION

Agency/Company Name		<input type="checkbox"/> Sole Proprietor    Attach copy of business license	
<input type="checkbox"/> Principal			
Agency Address	City	State	Zip Code
Agency Phone	Agency Owner/Designee Email Address (Required):		
Applicant Work Email Address:			

### NEW ADDRESS AND CONTACT INFORMATION

Agency/Company Name		<input type="checkbox"/> Sole Proprietor    Attach copy of business license	
<input type="checkbox"/> Principal			
Agency Address	City	State	Zip Code
Agency Phone	Agency Owner/Designee Email Address (Required):		
Applicant Work Email Address:			

Signature **Must** Be Original. (Handwritten)

<b>Company Owner/Designee (Print)</b>	<b>Company Owner/Designee (Signature)</b>
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### FOR COMMISSION USE ONLY

APPROVED <input type="checkbox"/>	DATE PROCESSED:
DENIED <input type="checkbox"/>	
EMAIL CONFIRMATION DATE:	PROCESSED BY: