



Form CJTC 721C – Agency Address Change

Private Security Guards, Private Investigators, Bail Bond Recovery Agents

- Send Completed Form via email: pspi@cjtc.wa.gov
- Fee \$0

Send as PDF ONLY!

Use this form to report an agency change of address or other company information.

- Complete and sign this form and return to the email above.
- Include an updated and current business license.

INCOMPLETE PACKETS WILL NOT BE PROCESSED & WILL BE DESTROYED AFTER 120 DAYS

License Type (check only 1)	<input type="checkbox"/> Private Security	<input type="checkbox"/> Private Investigator	<input type="checkbox"/> Bail Bond Recovery Agent	
Agency Contact		Agency Contact Email		
CURRENT ADDRESS / CONTACT INFORMATION				
Agency/Company Name				
Agency Address		City	State	Zip Code
Agency Phone	Agency Owner/Designee Email Address (Required)			
Applicant Work Email Address:				
NEW ADDRESS / CONTACT CHANGE				
New Agency/Company Name			<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Principal	
New Agency Address		City	State	Zip Code
New Agency Phone	Agency Owner/Designee Email Address (Required)			
Included: Business License <input type="checkbox"/>				

Signature Must Be Original (Handwritten)	Date:
Company Owner/Designee (Print)	Company Owner/Designee (Signature)

FOR COMMISSION USE ONLY	
APPROVED <input type="checkbox"/> / DENIED <input type="checkbox"/>	REVIEWED BY:
Date: _____	Initials: _____
EMAIL CONFIRMATION DATE: _____	PROCESSED BY:
	Initials: _____