Occupational Professional Licensing Administration

AGENCY RESPONSIBLE PARTY NAME CHANGE REQUEST

2. Scroll down to DOCUMENTS AND FORMS
3. Print out the following documents:
   a. Arrest Affidavit
   b. Authorization to Release Information

LOCAL AGENCIES:
Report to the Security Officers Management Branch (SOMB) with the following documents:
- Fingerprint Receipt
  - Please note, the new individual will need to set an appointment at Civilian Fingerprinting. Please [click here](#) to schedule your appointment.
- ORIGINAL 5”X 7” SAB LICENSE
- Company letter on letterhead stating who is leaving the agency and who will be the new responsible party.
- Arrest Affidavit – FILL OUT IN ITS ENTIRETY AND Notarized [click here](#) for form
- Authorization to Release Information – FILL OUT IN ITS ENTIRETY AND Notarized

NON-LOCAL AGENCIES
*The licensing process involves two agencies, as a result, please email [OPLA.SECURITY@DC.GOV](mailto:OPLA.SECURITY@DC.GOV) once you mail both documents and fingerprint cards to their respective addresses below.*
- 2 FBI INK FINGERPRINTS OF THE INDIVIDUAL WHO WILL GO ON THE LICENSE
- Fingerprint fee of $35.00 – MONEY ORDER OR COMPANY CHECK MADE PAYABLE TO DC TREASURER (PERSONAL CHECKS ARE NOT ACCEPTED)
  - Civilian Fingerprinting – AFIS
    - 300 Indiana Avenue, NW
    - Room 3054
    - Washington, DC 20001
- Original 5x7” license
- Letter on company letterhead stating the person stepping down and who will be replacing them.
- Arrest Affidavit – FILL OUT IN ITS ENTIRETY AND Notarized
- Authorization to Release Information – FILL OUT IN ITS ENTIRETY AND Notarized

SECURITY OFFICER’S MANAGEMENT BRANCH
C/O DCRA REPRESENTATIVE
2000 14th St NW, Suite 302,
Washington, DC 20009

*You will be notified via email when this request is completed in order to request for a duplicate organization license*