Scrap Metal Processor/Recycler/Supplier Name or Address Change

WASHINGTON STATE DEPARTMENT OF LICENSING

Use this form to report a change in name/address.

- **Before submitting a change of address,** you must arrange for the approving authority* to review and approve your change of address, and sign this form. The approving authority may require an on site inspection before signing.
- **When there is a change of name, or when the new address is in another town/city,** scrap metal processors/ recyclers must attach a bond endorsement reflecting the new name/address. This is not required for suppliers.
- **When completed,** mail this form and all required documentation to:

Business Licensing Service
Department of Revenue
PO Box 9034
Olympia, WA 98507-9034
or fax to **(360) 705-6699**.

The approving authority for businesses located inside an incorporated city/town is the local chief executive officer or the chief of police or their designee. The approving authority for businesses located in an unincorporated area is the county legislative authority, county sheriff, or their designee. Go to dol.wa.gov/business/scrapmetal/ for a list of approving authorities by location.

Applicant

Notification of ☐ Change of name ☐ Change of address		Unified Business Identifier (UBI) number
Scrap metal processor license number	Scrap metal recycler license number	Scrap metal supplier license number
(Area code) Business phone number	(Area code) Business fax number	
Old business name		
Old business street address, City, State, ZIP code, County		
New business name		
New business street address, City, State, ZIP code, County		
New business mailing address, City, State, ZIP code		
X _____ Signature of applicant		Date

Local authority (signature required for change of address only)

I certify that this scrap metal business licensee maintains a business operation located at the address listed above and that there are no known environmental, building code, zoning, or other land use regulation violations at that location.

TYPE or PRINT Name
_____

Title	(Area code) Phone number

X _____
Signature

Date and place