



Confidential Licensing Information Authorization

I authorize the Department of Revenue to share my confidential licensing information as indicated. Use this form to authorize the Department of Revenue to share your confidential licensing information with a third party.

1. My information (This information will not be used to update your business record.*)

Business name _____
UBI number _____ Phone _____
Mailing address _____ City _____ ST _____ Zip _____
Email _____ Fax _____

*To update your business record, go to <http://bls.dor.wa.gov/change.aspx>

2. Share my confidential licensing information with the individual(s)/company listed below.

If you are authorizing an entire company or a Legislator's office, add the words "and staff." If authorizing specific people, add additional name(s) in the *Authorized names section*.

Individual or company name _____
Mailing address _____ City _____ ST _____ Zip _____
Phone _____ Fax _____

Place an X in the appropriate box below:

- Any information for any time period.
- Any information for this time period _____ month/quarter and year to _____ month/quarter and year
- Only listed information for this time period _____ month/quarter and year to _____ month/quarter and year

Information to be shared

Authorized names

3. My signature

I declare, under penalty of perjury, that I am authorized to sign this form. I am listed as the real property owner or as the business owner, partner, corporate officer, or LLC member or manager in official records held by Washington State, or I have attached documentation (e.g., power of attorney, annual report, executor) that grants me the authority to sign.

Signature _____ Title _____ Date _____
Print name _____ City and state where signed _____

This authorization remains in effect until revoked in writing by either party. Keep a copy for your files. To revoke this authorization, write "Revoke" across the front of this form and return it to the Department as indicated in step 4.

4. Fax to (360) 705-6699, email to bls@dor.wa.gov or mail to address on back.

For licensing assistance or to request this document in an alternate format, please call 1-800-451-7985. Teletype (TTY) users may use the Washington Relay Service by calling 711.

ATTN: _____
See instructions on page 2.

Authorization for Confidential Licensing Information

Page 2

Confidential Licensing information

Licensing information is confidential and cannot be shared with anyone without express permission. By completing this form, you are authorizing the Department to share your confidential licensing information with the person(s) you name. This request may cover all confidential licensing information or it may be limited to certain information and/or periods of time. In section 2, please describe the specific information you want the Department to share and the periods covered by this authorization.

ATTN: (If you are working with a Revenue employee)

If you are working with a Revenue employee, write the employee's name on the ATTN: line on the bottom of page 1 of this form and ***return the form as instructed.***

Otherwise, send this form to:

Fax (360) 705-6699

Email bls@dor.wa.gov

Mail Dept. of Revenue
Business Licensing Service
PO Box 47475
Olympia, WA 98504-7475

Questions? Call the Department at 800-451-7985.

