



**PLEASE CHECK ALL THAT APPLY AND FOLLOW THE SPECIFIC INSTRUCTIONS**

**I represent a business**

- Provide a copy of the unexpired business license. If your business is not required to be licensed in this state, your Federal employer identification number/Federal tax number (or Uniform Business Identifier) **on official letterhead with a notarized signature** of the owner or an authorized representative, will be required.

**I am an attorney**

- Provide a copy of your unexpired business license or bar card.

**I am a private investigator**

- Provide a copy of your private investigator license.

**I represent a government agency**

- Print agency name: \_\_\_\_\_

**I represent a non-profit organization**

- Provide a copy of the Articles of Incorporation, filed with the Secretary of State, or a copy of Tax Exempt Status from the Internal Revenue Service [501(c)(3)].

**ALL APPLICATIONS ARE REVIEWED ACCORDING TO STATE AND FEDERAL DISCLOSURE LAWS. WE WILL RESPOND TO YOU WITHIN FIVE BUSINESS DAYS FOLLOWING THE RECEIPT OF YOUR APPLICATION.**

**Agreement to protect information and lists of individuals including from use for a commercial purpose**

Except as provided for in 18 USC Sec. 2721 (DPPA), RCW 46.12.370, 46.12.380 and WAC 308-93-087, I hereby agree that the information provided to me by the Department of Licensing shall not be divulged to any third party. The information will not be used for any purpose other than stated on this application, or for commercial purpose by any other individual or organization I represent. I will not use, or facilitate the use of, the information for the purpose of making any unsolicited business contact with a person named in the disclosed information.

I declare under penalty of perjury under the laws of the State of Washington that all of the information on this application is true and correct.

\_\_\_\_\_  
REQUESTER'S NAME ( PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REQUESTER'S SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE MAIL OR FAX COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:  
DEPARTMENT OF LICENSING  
ATTN PUBLIC DISCLOSURE  
PO BOX 2957  
OLYMPIA WA 98507-2957  
(360) 902-3760  
FAX # (360) 902-3827**

*The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.*