



# Registered Tow Truck Operator Name/Address Change

Registered tow truck operators can use this form to report a change in name/address.  
The following must accompany this application:

- a bond rider reflecting the new name/address when there is a change of name or when the new address is in another town or city
- amended insurance certification
- amended fee schedule

When completed, mail this form and all required documentation to: **Business Licensing Service, State of Washington, PO Box 9034, Olympia, WA 98507-9034** or fax to **(360) 586-6703**.

## Applicant

Notification of <input type="checkbox"/> Change of name <input type="checkbox"/> Change of address			
Registered tow truck operator number		Unified Business Identifier (UBI) number	
(Area code) Business telephone 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	
Certification <i>I hereby certify that the new business name and/or location is covered by the registered tow truck operator bond and insurance as required.</i>			
<b>X</b>			
Signature of applicant			Date

## Inspecting officer

<i>I hereby certify that the applicant has an established place of business as defined in RCW 46.55 and WAC 308-61 at the address shown on the application.</i>	
Title	
<b>X</b>	
Signature of inspecting officer	
Date	

## Zoning official (signature required for change of address only)

<i>I hereby certify that the applicant's place of business conforms to all applicable land use ordinances.</i>	
Title	
<b>X</b>	
Signature of local zoning official	
Date	