

Collection Agency Change of Manager

Use this form to notify us when a change of manager is made at your agency. Mail or fax this completed form to:

**Business Licensing Service
 Department of Licensing
 PO Box 9012
 Olympia WA 98507-9012
 Fax: (360) 705-6699**

| | | |
|-----------------------------|------------|----------|
| PRINT or TYPE Business name | UBI number | |
| Business location address | | |
| City | State | ZIP code |

New manager information

| | | |
|---|-------|----------|
| PRINT or TYPE Name (<i>Last, First, Middle</i>) | | |
| Residence address | | |
| City | State | ZIP code |
| (Area code) Telephone number | Email | |

Answer the following

Attach a letter of explanation for any "Yes" answer to the following questions. Include the charge, date of conviction, civil judgment or order, county jurisdiction, state, and disposition of charges.

1. Have you been convicted of a crime (misdemeanor or felony), in this or any other state, by the federal government or by any other jurisdiction within the past ten years? Yes No
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment, in this or any other state, by the federal government or by any other jurisdiction? Yes No
3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused, or denied, in this or any other state, by the federal government or by any other jurisdiction? Yes No
4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction, in this or any other state, by the federal government or by any other jurisdiction? Yes No
5. Have you ever petitioned for bankruptcy? Yes No

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

| | |
|----------------|-----------------------------------|
| Date and place | X New manager signature |
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