

PRIVATE INVESTIGATOR AGENCY NOTICE OF CHANGE IN NAME AND/OR ADDRESS

CURRENTLY LICENSED AS

Business name _____
Address _____
City _____ State _____ ZIP _____
UBI # _____
 Name change Address change

NEW INFORMATION *(If a company name change, see instructions below)*

Effective date _____
Name _____
Address _____
City _____ State _____ ZIP _____
Phone (____) _____ FAX (____) _____
If name change is due to change in ownership or entity (i.e., corporation, partnership or sole proprietorship), contact the Department of Licensing for a new company application.

Company principal name (Please print)

X

Signature of company principal

Date _____

**UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS
SUBJECT TO PUBLIC DISCLOSURE PROVISIONS PURSUANT TO RCW 42.17**