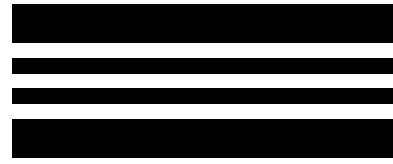




Collection Agency Change of Manager



Use this form to notify us when a change of manager is made at your agency.

Complete this form and mail to:

**Business Licensing Services
PO Box 9034
Olympia WA 98507-9034**

For questions or language help call: (360) 664-1388



Business information

TYPE or PRINT Business name		UBI/UBI Business ID/UBI Location ID (16 digits)	
Business location address			
City	State	ZIP code	
Mailing address (if different)			
City	State	ZIP code	

New manager information

TYPE or PRINT Name (Last, First, Middle)		
Residence address		
City	State	ZIP code
(Area code) Phone number	Email	

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? Yes No
2. Within the last 5 years, in this state or any other jurisdiction, have you had any civil court order, verdict, or judgment entered against you? (Don't include small claims decisions under \$5,000) Yes No
3. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

_____	TYPE or PRINT Name
_____	X Signature
_____	Date and place