

Department of Labor and Industries
 Electrical Program
 PO Box 44460
 Olympia WA 98504-4460
 FAX (360) 902-5595
 www.Lni.wa.gov



Electrical-Telecommunication Principal/Member/Owner Update Request

License number: _____ UBI: _____

To update information for the principal information on the contractor license you must provide the name(s), address(es), and social security number(s) for all current principals for the company. Social security numbers are required for all members of the business with the exception of Agents for corporations, LLP or LLC's. This form must be signed by a member of the company.

Business Type: (Check one only)

<input type="checkbox"/> Individual Proprietorship				Name of the individual, not the business name.			
Name: <i>(Last name, first name, middle initial)</i>				Social Security Number:		Phone <i>(include area code):</i>	
Mailing Address:				City		State	Zip Code

<input type="checkbox"/> Partnership				Names of each partner.			
1st Partner Name: <i>(Last name, first name, middle initial)</i>				Social Security Number:		Phone <i>(include area code):</i>	
Mailing Address:				City		State	Zip Code
2nd Partner Name: <i>(Last name, first name, middle initial)</i>				Social Security Number:		Phone <i>(include area code):</i>	
Mailing Address:				City		State	Zip Code
3rd Partner Name: <i>(Last name, first name, middle initial)</i>				Social Security Number:		Phone <i>(include area code):</i>	
Mailing Address:				City		State	Zip Code

Corporation **LLC** **LLP**

Names must match those listed with the Corporate Division in the Office of the Secretary of State.
If you change corporate officers, you must officially notify the Office of the Secretary of State, Corporate Division.
Electrical Licensing & Certification must also be officially notified either by letter or contractor renewal notice submitted after the change is recorded by the Office of the Secretary of State.

Name of Corporation, LLC, or LLP:				Federal Tax Identification		Phone <i>(include area code):</i>	
Mailing Address of Principal Office:				City		State	Zip Code
President: <i>(Last name, first name, middle initial)</i>				Social Security Number:		Phone <i>(include area code):</i>	
Mailing Address:				City		State	Zip Code
Vice President: <i>(Last name, first name, middle initial)</i>				Social Security Number:		Phone <i>(include area code):</i>	

Mailing Address:	City	State	Zip Code
Secretary: <i>(Last name, first name, middle initial)</i>	Social Security Number:	Phone <i>(include area code):</i>	
Mailing Address:	City	State	Zip Code
Treasurer: <i>(Last name, first name, middle initial)</i>	Social Security Number:	Phone <i>(include area code):</i>	
Mailing Address:	City	State	Zip Code
Registered Agent: <i>(Last name, first name, middle initial)</i>	Social Security/UBI Number:	Phone <i>(include area code):</i>	
Physical Address: <i>(Not a PO Box)</i>	City	State	Zip Code

Print Name

Signature

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE ELECTRICAL LICENSE CENTRAL OFFICE AT (360) 902-5269.

Note: Some changes to principals may result in the need to relicense.