

Department of Labor and Industries  
 Electrical Program  
 PO Box 44460  
 Olympia WA 98504-4460  
 FAX (360) 902-5296  
 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"/> <b>Individual Proprietorship</b> |  |  |  | <b>Name of the individual, not the business name.</b> |  |                                   |          |
| 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"/> <b>Partnership</b>                                  |  |  |  | <b>Names of each partner.</b> |  |                                   |          |
| 1 <sup>st</sup> 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 |
| 2 <sup>nd</sup> 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 |
| 3 <sup>rd</sup> 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> |          |

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

Print Name

Signature

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**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.