Dept. of Labor & Industries
Electrical Section
PO Box 44460
Olympia WA 98504-4460

ELECTRICAL CONTRACTORS' LICENSE RENEWAL NOTICE

License number	Renewal date	Renewal amount due
		$

Your electrical contractor license will expire on the date shown above. To renew, please complete this notice and submit with the amount due to this office by the expiration date and your license will be renewed for two years.
Indicate address corrections in the box to the left.

TYPE OF ORGANIZATION (Complete one of the following)

SOLE PROPRIETOR

Legal company name		UBI
Owner's name (last, first, middle)	SSN - (for ID only)	Phone #
Company address	City	State Zip

PARTNERSHIP

Legal partnership name (if any)	Phone #	UBI
Partnership mailing address	City	State Zip

CORPORATION

Corporate name (exactly as registered with the Secretary of State)		UBI
Corporation address	City	State Zip
Registered agent name		Phone #
Registered agent address in Washington State	City	State Zip

Administrator's name	Administrator's Certificate number

COMPLETE THIS SECTION FOR ALL PARTNERS OR FOUR CORPORATE OFFICERS

Name (last, first middle)	SSN - (for ID only)	Residence Address	City	State Zip
Name (last, first middle)		Residence Address	City	State Zip
Name (last, first middle)		Residence Address	City	State Zip
Name (last, first middle)		Residence Address	City	State Zip

SUBSCRIBED AND SWORN TO BEFORE ME This DATE

Notary Public

Residing at

My commission expires

NOTE: CONTRACTOR MUST SIGN THIS FORM BEFORE A NOTARY PUBLIC

Date

Contractor's signature