

Application to Utilize Contractor Deposit (CD) Account

The contractor requests to set up an L&I Contractor Deposit Account (CD) which is established for businesses that are licensed by the department as elevator contractors; and

- Are legally required to purchase elevator permits from the department.
- The CD account allows the business to deposit money with the department and request electronic transfers **from** this account for the purchase of elevator permits as well as other departmental business.
- This account is subject to all legal attachments. To request the establishment of a contractor deposit account, please complete this application and submit to:

Dept. of Labor and Industries Elevator Program PO Box 44480 Olympia, Washington 98504-4480: Fax: (360) 902-6132

Please allow seven to ten days for processing.

Dept. of Labor and Industries PO Box 44480 Olympia, Washington 98504-4480 STATE OF THE STATE

Application to Utilize an L&I Contractor Deposit (CD)Account

Phone: 360-902-6130 Fax: (360) 902-6132

| Please Type or Print Clearly When Completing this Ap | plication form | | | |
|--|---------------------------------------|---|------------------|--|
| Company/Business Name: (limited to 30 characters) | | | | |
| Contractor License/Registration Number: | | | | |
| COMPLETE N | MAILING ADDRESS | | | |
| Street/PO | | | | |
| City | | State | ZIP+4 | |
| Phone number | Fax Number | | | |
| UBI Number | | | | |
| E-Mail Address (required): | | | | |
| Principal Names: (These are names of individuals of funds from the account to pay for services.) | who will have the ability to | o authorize | the disbursement | |
| | | | | |
| The owner/ member of the business requesting a signature notarized. | CD account must sign th | is form an | nd have his/her | |
| Print Name | | | | |
| Signature (signature must be owner/member of busin | ness requesting CD accoun | nt) | Date | |
| Notary Seal Here | the day of | Subscribed and sworn to before me on this the day of, | | |
| | Notary Signature | Notary Signature | | |
| | Notary Public in and for the State of | | | |
| | Residing In | Residing In | | |
| | My commission exp | My commission expires | | |