



Contractor Registration Request for Duplicate License or Address Change

Contractor Registration
PO Box 44450
Olympia WA 98504-4450

Company Name	
Contractor Registration	UBI Number

Request for Duplicate License \$ _____

Address Change

Check if you want this address change to update your workers' compensation account.

New Mailing Address

New Address		
City	State	Zip Code

New Residential Address (If Different from Mailing Address)

New Address		
City	State	Zip Code

Phone Number	Email Address
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Print Name

Signature

Date