



Washington State Department of
Health
Transient Accommodations
Credentialing
P.O. Box 47877
Olympia WA 98504-7877
360.236.4700
Fax:360.236.4909 or 360.236.4918

Change of Ownership Notification

Note: Please fax this completed document on the close/transfer date so the license can be issued.

Facility Name:		UBI #:
Facility Site Address:		
City:	State:	Zip Code:

New Facility Licensee (Buyer):		
New Licensee's Mailing Address:		
City:	State:	Zip Code:
Telephone Number (Enter 10 Digit #):		

Close Date of the Sale/Transfer (mm/dd/yyyy:)	
Print name of Current Facility Licensee:	
Signature of Current Facility Licensee:	Date: