Washington State Department of Health
Blood Establishments Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Credential Status Change Form

Use this form for address, phone number, fax number, email, facility name, contact person or client changes to individual credentials. Send the completed change form to the address listed above.

Facility Information		
Name of Blood Establishment	License #	
Effective date of change		
Type of Change to Blood Establishment Listed Above		
Address Change (current address) ☐ Mailing ☐ Physical ☐ Both		
New Address		
City	State	Zip Code
New phone (enter 10 digit #)	New fax (enter 10 digit #)	
Facility name change (new name of Blood Establishment)		
Name of new contact person	Email address	
Remove Clients - List the client names that you are removing.		

Add Clients - List the client name and email addresses that you are adding.	
Client Name	Email

Signature of Authorized Representative

Date (mm/dd/yyyy)