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Owner name

## **Local Authority Inspection**

This form may only be submitted as an attachment to the renewal.

If you are unable to obtain a signature from your local authority, please call Department of Licensing at 360-664-6466.

A Business Site Identification					
Business Firm Name		Business Telephone Number			
Business physical location address Street or rural route	Do not	t use PO box number			
City		County	State		Zip Code
B Inspecting Officer approval	<ul> <li>Hulk Hauler - License #</li> <li>Vehicle Wrecker - License #</li> <li>Motor Vehicle Salvage Processor - License #</li> </ul>				
Signature of an official required below: • Of the Chief of Police if business is lo • Of a Washington State Patrol Official Signature confirms this business complies with	in all otł	ner instances.			<u>han</u> 5,000, or
Name of Officer		В	adge #	Title	
Signature of inspecting officer		Phone number		Date	signed
<b>C</b> Inspecting Officer approval	<ul> <li>Scrap Metal Processor - License #</li> <li>Scrap Metal Recycler - License #</li> <li>Scrap Metal Supplier only - License #</li> </ul>				
Signature of an official required below: • Of the Chief Executive Officer, Chief of • Of the County Legislative Authority, the Signature confirms this business complies with	e Sheri	ff or a designee if busine			
Name of Local Authority			Title		
Signature of local authority		ne number	!		Date signed
D Other Information (Optional) F	or Lo	cal Authority Use			
You may send this information by:					

- My DOR: the fastest and easiest way to send documents. Login at business.wa.gov/BLS.
- You'll need a Secure Access Washington user ID for My DOR. Visit dor.wa.gov/MyDOR for more information.
- Fax to 360-705-6699
- Mail this form to the address above.

For tax assistance or to request this document in an alternate format, please call 360-705-6705. Teletype (TTY) users may use the Washington Relay Service by calling 711. BLS-700-379 (9/15/20)