

Form BLS 700 403

Business Licensing Service
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BLS Partner Training Request

Subject to review and acceptance by BLS

City name/agency program name:

This training request is for *(mark all that apply)*:

Basic ATLAS training videos - Navigation, search, customer information, BLS website

Work flow - ATLAS work queue, approval process

Account Maintenance - ATLAS address changes/changing license types, print license/renewal forms, change endorsement

ATLAS Demo

New hire

Online application walk-through

Reports - Financial reports, compliance reports

Other:

Description of training need *(provide examples, names of processes or reports, or desired outcomes)*:

Preferred day and time (*example: Tuesday's 9-12 or Thursday's 1-4*):

Trainee name	Title	Phone	Email
1.			
2.			
3.			
4.			

Please consider this formal training request

Signature of Agency Program Manager or Local Government Manager:

Title:

Date:

Email:

Phone: