

## 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: