

Confidential Licensing Information Authorization

Use this form to authorize the Department of Revenue to:

- Send confidential licensing information through unsecure email or fax (to you or an authorized third party) and/or
- Share your confidential licensing information with a third party.

Any information included on this form will not be used to update your account information. Log into your My DOR at dor.wa.gov to make any updates.

A My information

Owner name:

UBI number:

Phone:

B Which authorization are you providing?

1. Send my confidential licensing information by email or fax.

By checking this box, I authorize the department to send my confidential licensing information using regular email to all email addresses or fax numbers listed on this form.

I am aware of the department's secure message system described on page 3. I know regular email and fax are not as secure, and confidential information may be intercepted by unauthorized persons. I accept these conditions and waive any violation of confidentiality resulting from use of unsecured email or fax (RCW 19.02.115).

Email:

Fax number:

2. Share my confidential licensing information with the individuals/company listed below.

If you are authorizing an entire company, add the words "and staff" to the company name you are granting access to. If authorizing specific people, add additional name(s) in the Authorized names section.

Individual or company name:

Mailing address:

City:

State:

Zip:

Phone:

Check the appropriate box below:

Any information for **any** time period.

Certain information.

List the specific information or time period to be shared:

Authorized Names

Only include email address/fax number if you checked the “send my confidential licensing information by email or fax” below. Attach additional pages if needed.

Authorized name:

Email:

Fax number:

Authorized name:

Email:

Fax number:

C Signature

I authorize the Department of Revenue to share my confidential licensing information as indicated on page 1 of this form. I declare, under penalty of perjury, that I am authorized to sign this form. I am listed as the real property owner or as the business owner, partner, corporate officer, or LLC member or manager in official records held by Washington State, or I have attached documentation (for example: power of attorney, annual report) that grants me the authority to sign.

Signature:

Date:

Print name:

Title:

This authorization remains in effect until revoked in writing by either party. Keep a copy for your files. To revoke this authorization, write “Revoke” across the front of this form and return it to the department as indicated in the next section.

What to do next

ATTN (if you are working with a Revenue employee, list name here):

Submit this form by fax, email, or mail:

Fax: 360-705-6699
Email: bls@dor.wa.gov
Mail: Dept. of Revenue
Business Licensing Service
PO Box 47475
Olympia, WA 98504-7475

For licensing questions, please call 360-705-6741.

Instructions

Confidential licensing information by email, fax, or to a third party

Certain licensing information is confidential and cannot be shared with anyone without express permission.

By completing this form, you are authorizing the department to:

- Send confidential licensing information through unsecure email or fax, to you or an authorized third party.
- Share your confidential licensing information with the third party(ies) provided.

This request may cover all confidential licensing information or it may be limited to certain information and/or time periods. Please describe the specific information you want the department to share and the time periods covered by this authorization.

Secure messaging through My DOR

Secure messaging is offered through the department's online My DOR portal. Business owners with an online account can access secure messaging when logged in. On the "More Options" tab, select "Send a Message" and follow the instructions.

Business owners without an online account can register at dor.wa.gov. To create an account, provide your name, email, and phone number. Create a logon ID and password, then choose a security question.

If you want to add your business to your online account, enter your UBI number and your letter ID. Your letter ID can be found on the upper right corner of the letter you received from the department when you first opened your business.

Only people authorized to access your online account can see secure messages.

ATTN: (If you are working with a Revenue employee)

If you are working with a Revenue employee, write the employee's name on the ATTN: line on the bottom of page 2 of this form and submit the form using one of the ways below.

Submit this form by fax, email, or mail:

- Fax:** 360-705-6699
- Email:** bls@dor.wa.gov
- Mail:** Dept. of Revenue
Business Licensing Service
PO Box 47475
Olympia, WA 98504-7475

Questions?

Call the department at 360-705-6741.