



CHANGE ASSIGNMENT OF PRIMARY POINT OF CONTACT

Complete one copy for each location.

Name (<i>Last name, first name, middle initial</i>)			Date
Mailing Address			License Number
City	State	Zip Code	Daytime Phone (<i>Include area code</i>)
Join the elevator listserv for email updates & notices by providing your email address here:			

As of:				I will be ASSIGNED
	<i>Month</i>	<i>Day</i>	<i>Year</i>	
To: Elevator Contractor Name			Contractor License Number	
City		State	ZIP Code	
I agree to perform the duties of the Primary Point of Contact as stated in WAC 296-96 and to notify the department within 10 days of a change in my assignment status as the primary Point of Contact.				
Date		Signature of Primary Point of Contact		

As of:				I will be UNASSIGNED
	<i>Month</i>	<i>Day</i>	<i>Year</i>	
From : Elevator Contractor Name			Contractor License Number	
City		State	ZIP Code	
I confirm that I am no longer performing the duties of the Primary Point of Contact as stated in WAC 296-96 and am notifying the department within 10 days of a change in my status.				
Date		Signature of Former Primary Point of Contact		

ASSIGNMENT CONFIRMATION (Confirmation only needs to be completed if applicant is assigning.)

I am the owner, partner, principal, or an officer of the contractor above. I confirm the above applicant is to be assigned as the designated Primary Point of Contact for this contractor's license to perform the assigned duties per WAC 296-96.		
Date	Company Representative's Name (Print)	Company Representative's Signature

<input type="checkbox"/> Assignment	<input type="checkbox"/> Separation		
		Reason for Separation	Separation Date
		Initials	