

## Change of Business Name, Contact Name, or Location

Please use this form to notify the Office of Minority and Women's Business Enterprises (OMWBE) of a change to your business name, contact person, or location.

Mail this form to:  
OMWBE  
P.O. Box 41160  
Olympia WA 98504-1160

If you have any questions please call us at 360-664-9750 or 1-800-208-1064  
or email us at [receptionist@omwbe.wa.gov](mailto:receptionist@omwbe.wa.gov)  
We are open Monday through Friday from 8:00 a.m. to 5:00 p.m.

1. Business name: \_\_\_\_\_
2. OMWBE certification number: \_\_\_\_\_
3. Contact first name: \_\_\_\_\_ Last name: \_\_\_\_\_
4. Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_
5. Fax: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Mailing address if different from current business mailing address:

\_\_\_\_\_  
*Street Address or PO Box*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

## Section 1: Contact Information Change

Fill out this section if you want OMWBE to change the current primary contact for your business. If you need to look up who we have listed as your current primary contact, please see our [directory of certified firms](#).

Please check one of the following:

- New contact person is the same person listed on page 1.
- New contact person is not the same person listed on page 1. Please fill out below:

1. First name: \_\_\_\_\_ Last name: \_\_\_\_\_

2. Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

3. Fax: \_\_\_\_\_

4. Email: \_\_\_\_\_

5. Mailing address: \_\_\_\_\_

*Street Address or PO Box*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

## Section 2: Business Trade Name Change

New business name: \_\_\_\_\_

## Section 3: Business Location Change

1. New physical address: \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

2. Please provide a copy of the business' new lease or rental agreement, if the new location is located outside of a residence.