



DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DOMESTIC VIOLENCE INTERVENTION TREATMENT (DVIT) PROGRAM

Change of Address for an Existing DVIT Certification

All forms must be signed and filled out completely. Incomplete forms will not be accepted. See Washington Administrative Code (WAC) 110-60A for Domestic Violence Intervention Treatment (DVIT) Program standards. There is no fee for filing this form.

Submit the completed form and supporting documents to:

Department of Social and Health Services (DSHS)
Domestic Violence Intervention Treatment Program Certification
PO Box 45470
Olympia, WA 98504-5470

| Program Information | | | |
|--|-----------------------------------|-----------------------------------|----------|
| PROGRAM NAME | | TELEPHONE NUMBER (WITH AREA CODE) | |
| MAILING ADDRESS | CITY | STATE | ZIP CODE |
| OLD PHYSICAL ADDRESS | CITY | STATE | ZIP CODE |
| NEW PHYSICAL ADDRESS | CITY | STATE | ZIP CODE |
| EFFECTIVE DATE | | | |
| DIRECTOR'S NAME | TELEPHONE NUMBER (WITH AREA CODE) | EMAIL ADDRESS | |
| Attachments | | | |
| <input type="checkbox"/> A copy of the current business license for this program, or its governing agency, to conduct business at the new physical address on this application (not required for programs operating on tribal land, city, county or other government agencies). | | | |
| Attestation | | | |
| I certify under penalty of perjury that the information provided in this application for certification is true and correct. I understand that any material misrepresentation or misstatement of fact may result in sanctions, including the denial or loss of program certification. | | | |
| DIRECTOR'S SIGNATURE | DATE | PRINT DIRECTOR'S NAME | |
| For Department of Social and Health Services Use Only | | | |
| APPROVED BY: | Certified from: | to: | |
| DSHS STAFF SIGNATURE | DATE | PRINT STAFF NAME | |