



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) 388-60B 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
<b>OLD</b> PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
<b>NEW</b> 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	