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|  | 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 | | | | | |
| **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** | | | | | |
| 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 | |