



Out of State Alcohol Facility Requirement

DOL CSC <DOLCSC@dol.wa.gov>
To: "ari@ajnovickgroup.com" <ari@ajnovickgroup.com>

Thu, Jun 17, 2021 at 2:49 PM

Out of State Alcohol Facility Requirement

Email to: treatment@dol.wa.gov

Or fax: 360-570-7044

On your company letterhead The Washington State Department of Licensing must receive the following information:

Agency information

1. Your agency name, address, and phone number
2. Signature and title of individual signing the letter
3. Date the letter is being signed

Client information

1. Name: last-first-middle initial
2. Date of birth
3. Washington driver license number

Assessment Information

1. Date assessment was completed
2. Finding of the assessment
 - a. Alcohol/drug school recommended
 - b. Treatment is recommended

Compliance Information

1. Information school completion date
2. Treatment start date
3. Client is compliant or not compliant date

Thank you,

Stephanie H

Customer Service Specialist 2

Customer Service Center

Washington State Department of Licensing

Main: 360-902-3900

dolcsc@dol.wa.gov | dol.wa.gov

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