



Washington State Department of
HEALTH
 Behavioral Health Agency (BHA)
 Credentialing
 P.O. Box 47877
 Olympia WA 98507-7877
 360-236-4700
 hsqafc@doh.wa.gov

Date
 Stamp
 Here

BHA License Closure Form

Complete this form if you are closing a licensed BHA location. This form should be completed and submitted to the department at least 30 days prior to closure.

Effective Date of Agency Closure: _____

1. Agency Information

Name of Agency		BHA License #		
Physical Address				
City	State	Zip Code	County	

2. Custodian of Record Information

Physical Address (where records will be kept)				
City	State	Zip Code	County	
Mailing Address (if different than above)				
City	State	Zip Code	County	
Custodian of Record Contact Person Name			Custodian of Record Contact Person Phone	

Custodian of Record Contact Person Email				
--	--	--	--	--

3. Signature

The information contained on this form is true, accurate, and complete to the best of my knowledge.

 Signature of administrator or designated official

 Date

 Print Name

 Print Title