



For WSLCB Use:  
Labels  
License File  
Licensee  
Authorized Rep.

Manufacturers, Importers, and Wholesalers  
**Authorization Form**  
**(For Compliance Agent Appointment)**

**Washington Licensee/Certificate of Approval Holder:**

Name _____
Address _____ <i>Street/Route/PO Box, City, State, Zip Code</i>
License Number _____

**Authorized Compliance Agent:**

Name _____
Address _____ <i>Street/Route/PO Box, City, State, Zip Code</i>
Phone Number (     )

The above named firm/representative is authorized to act on my/our behalf for the following:

- Price Filing
- Appointments of Distributors
- Product/Label Certification

All filings must be done in the name of the Washington License/Certificate of Approval Holder with an additional statement "By (*authorized compliance agent name*)"

Further, it is our understanding that it remains our responsibility to ensure that all requirements of the Washington State Liquor Control Board are met in regard to this appointment and our responsibility as a Washington Certificate of Approval Holder. Also, if this agreement is terminated, the Washington State Liquor Control Board will be notified.

By \_\_\_\_\_  
Signature of Licensee Certificate of Approval Holder  
(*sole proprietor, partner, corporate officer, or limited liability company manager or member*)

Date \_\_\_\_\_