

## **Electronic Titles Lender Application**

Use this form to apply for access to the Department of Licensing (DOL) electronic titles system (ELT). This system allows banking/lending institutions to store electronic vehicle and vessel titles in place of paper titles. Once completed, email to:

Email: dolvseltneeds@dol.wa.gov

Business information		
Business name		TIN, EIN or UBI number
Physical address of business (Street address, City, State, 2	ZIP code)	
Mailing address of business, if different (Address or PO Bo	x, City, State, ZIP code)	
Contact name	(Area code) Phone number	Email
Contact name 2	(Area code) Phone number	Email
Contact name 3	(Area code) Phone number	Email
Name of your service bureau ☐ FDI (Dealertrack) ☐ VNT (Vintek) ☐ STA(S	Secure Title Admin.) □ DDI (D	ecision Dynamics) □PDP (PDP Group)
Check all that apply  I represent a Washington State busine Attach legible copy of your current busin		
<ul> <li>□ I represent a business outside Washington, attach a legible coperate of Your current business license, or</li> <li>• A letter with a signature of the owner of letter must include your Employer Identity</li> </ul>	by of either: or authorized representative	indicating you are their agent. The
<ul> <li>I represent a non-profit organization of Attach a legible copy of one of the follow</li> <li>Your Articles of Incorporation, filed wit</li> <li>Your Tax Exempt Status from the Inter</li> </ul>	ring: h the Secretary of State, or	)(c)(3).
Provide a detailed explanation of your primary business activity (exactly what your business does)		
Answer the following  1. Do you acknowledge that your organizat other than your ELT vendor?		
2. I have attached one of the following docu	uments:	
☐ Current business license ☐ Letter from business stating you are th	neir agent	
☐ Articles of Incorporation ☐ Tax exempt status from IRS		

## **New account set-up information** DOL will send you an invoice for the new account set-up fee. Name of financial contact Mailing address City State ZIP code (Area code) Phone number Email Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines. I declare under penalty of perjury under the law of Washington that the foregoing is true and correct. PRINT or TYPE Name of authorized signer Title Address

City, State, ZIP code

Authorized signature

X

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 RCW 46.12.640

Date and place (city or county) signed