



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 or mail to:

Department of Licensing
Electronic Liens and Titles, MS 48111
PO Box 9030
Olympia, WA 98507-9030

Email: dolvseltneeds@dol.wa.gov

Business information

Business name		TIN, EIN or UBI number	
Physical address (Street address)			
City		State	ZIP code
Mailing address (Street address or PO Box)			
City		State	ZIP code
Primary contact name			
10-digit phone number		Email	
Authorized signer name			
10-digit phone number		Email	
Alternate contact name			
10-digit phone number		Email	

Business information (*continued*)

List the name of your vendor (**authorized vendors are listed on the [DOL Electronic Titles page](#)**)

Complete the following

I represent a Washington state business.

Attach a legible copy of your current business license.

I represent a business outside Washington state.

If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- Your current business license, or
- A letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Tax Identification Number (TIN).

I represent a non-profit organization or corporation.

Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State, or
- Your (501)(c)(3) determination/affirmation letter from the Internal Revenue Service (IRS), or
- Your National Credit Union Administration Letter of Exemption.

Provide a detailed explanation of your primary business activity (**describe exactly what your business does**)

Complete the following

- | | | |
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| 1. Do you acknowledge that your organization may not disclose data to any entity other than your ELT vendor? | Yes | No |
| 2. I have attached my supporting documents as listed above. | Yes | No |

New account set-up information

DOL will send you an invoice for the new account set-up fee.		
Name of financial contact		
Title		
Mailing address (Street address or PO Box)		
City	State	ZIP code
10-digit phone number	Email	

Authorized signer–Complete this section and sign the certification below.

Name of authorized signer		
Title		
Address (Street address)		
City	State	ZIP code
10-digit phone number	Email	
<p>Knowingly making false statements 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.</p> <p><i>By printing or typing my name below, I certify under penalty of perjury under the law of Washington that the foregoing is true and correct to the best of my knowledge.</i></p> <p>X _____</p> <p>Authorized signer signature</p> <p>_____</p> <p>Date and place (city or county) signed</p>		

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