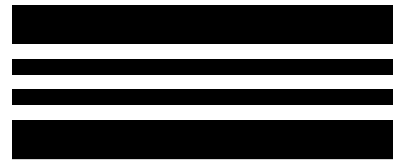




## Camping Resort Salesperson Registration Application



Apply for your camping resort salesperson registration.

Online: <https://professions.dol.wa.gov>

Or mail this completed form and a check or money order (payable to Department of Licensing) to:

**Camping Resorts  
Department of Licensing  
PO Box 3777  
Seattle, WA 98124-3777**



For questions or language help call (360) 664-6486 or email [dolcamping@dol.wa.gov](mailto:dolcamping@dol.wa.gov)

**Fees**

- Original – **\$165**
- Renewal of license number \_\_\_\_\_ – **\$165**

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity \_\_\_\_\_ Total \$ \_\_\_\_\_

**Applicant**

<b>TYPE or PRINT</b> Name as you would like it to appear on your license		
Full legal name (First, Middle, Last)		Social Security number*
Residence mailing address, City, State, ZIP code		
(Area code) Phone number	Email	Date of birth (mm/dd/yyyy)
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner		
Employer name		
Camping resort name		Camping resort license number
Resort mailing address, City, State, ZIP code		
Resort address, City, State, ZIP code (if different from above)		
(Area code) Phone number	Email	

\*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

**Legal background**

Answer the following  
Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? . . . . .  Yes  No
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) . . . . .  Yes  No

**Certification**

Answer the following

- 1. Do you understand that the Department of Licensing has the right to inspect the records you are required to keep by the laws and regulations that govern the license you are applying for?  Yes  No
- 2. Do you understand that it is your responsibility as a controlling person to cooperate with an investigation by providing the Department of Licensing with the requested documents and a written explanation of the matter contained in a complaint? . . . . .  Yes  No

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
TYPE or PRINT Name

**X**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date and place

**Providing false information in this application may be cause for the denial, suspension, or revocation of your professional license in the state of Washington.**