



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



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

TYPE or PRINT 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> 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
Date and place	Applicant signature

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