



Incomplete applications will not be processed.

Apply online: <https://professions.dol.wa.gov>

For questions or language help call: (360) 664-6500



To apply:



1. Find out if the name you want is available before submitting your application.

Obtain firm name approval from Real Estate Regulatory. **The request must be submitted by the person who will be endorsed as the Designated Broker of the firm.** Send a brief cover letter with your name, contact information, desired firm name, and any doing business as (DBA) names by email to reregulatory@dol.wa.gov. You will receive notification within a minimum of 5 to 7 business days.

2. Required documents *(check when completed)*

Copy of your master business license with any applicable DBA and trade names listed. Contact Department of Revenue, <https://dor.wa.gov>, for information.

Type of business documentation (needed for all types, except sole proprietor). Contact Washington Secretary of State, <https://sos.wa.gov>, for information.

Copy of the name approval email.

Designated broker [Real Estate Endorsement Application](#), form 620016.

3. Mail this completed form and required documents (if applicable, also submit release of license), with a check or money order for \$304 (payable to Department of Licensing) to:

**Real Estate Licensing
Department of Licensing
PO Box 3917
Seattle, WA 98124-3917**

4. 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 \$_____

Firm information

TYPE or PRINT Firm name		UBI/UBI Business ID/UBI Location ID (16 digits)
Name firm will do business as <i>(if applicable)</i>		Firm website
Washington mailing address <i>(Street address or PO Box, City, State, ZIP code)</i>		
Washington physical address, if different <i>(Street address, City, State, ZIP code)</i>		
Designated broker name <i>(First, Middle, Last)</i>		
10-digit phone number	Email	

Firm information *(continued)*

Type of business <i>(check one)</i> Sole proprietor Corporation <i>(include copy of Washington Articles of Incorporation)</i> Limited liability company <i>(include copy of Washington Certificate of Formation)</i> Partnership <i>(include copy of Partnership Agreement)</i> Foreign corporation <i>(include copy of Certificate of Authority)</i>
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Controlling interest

List all owners and persons with a controlling interest in this firm, defined as the ability to control the operational and/or financial decisions of the firm. The designated broker must be granted controlling interest, whether or not he/she has ownership interest. If more than two controlling interest persons, attach a [Real Estate Controlling Interest](#) (form 620014).

1 TYPE or PRINT Designated broker name <i>(First, Middle, Last)</i>
Mailing address <i>(Address, City, State, ZIP code)</i>
2 TYPE or PRINT Name <i>(First, Middle, Last)</i>
Mailing address <i>(Address, City, State, ZIP code)</i>

Legal background

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, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit?	Yes	No
2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business 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

By signing this application you understand that the Department of Licensing (DOL), has the right to enter your business locations at reasonable times to inspect the records that you are required to keep by the laws and regulations that govern the license you are applying for. It is your responsibility as a licensee to cooperate with an audit or an investigation by providing DOL with the requested documents and a written explanation of the matter contained in a complaint.

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	Designated broker signature

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

RCW 18.85.361(6); 18.235.130 (5)(6); 42.56.
WAC 308-124C-125, 130, 135, 140.