



# Timeshare Salesperson Registration Application



Apply for your Timeshare 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:

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

For questions or language help call: 360.664.6486



## Applicant information

TYPE or PRINT Name as you would like it to appear on your license		
Full legal name ( <i>First, Middle, Last</i> )		
Social Security Number (SSN)*	10-digit phone number	Date of birth ( <i>mm/dd/yyyy</i> )
Email ( <i>required</i> )		
Residence mailing address ( <i>Street address</i> )		
City	State	ZIP code
Military? ( <i>check if applicable</i> )		
Current or former:      Military member      Military spouse or domestic partner		
For Service members and their spouses: When a Service member and their spouse must move due to Military orders, Washington state may recognize their current license or certificate if they provide the following:		
<ol style="list-style-type: none"> <li>1. A copy of the military orders.</li> <li>2. A license in good standing in all states where the individual held their license before.               <ol style="list-style-type: none"> <li>a. During application review, DOL may request an original Certificate of Licensure or Letter of Good Standing from each state.</li> <li>b. There may be continuing education requirements needed for DOL to recognize the license.</li> </ol> </li> </ol>		

\*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 a SSN, ITIN, or TIN, 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).

**Applicant information** (continued)

3. Complete the following table if you hold a license in any state (excluding Washington).

State	License number	Expiration date (mm/dd/yyyy)

**Fee totals**—Complete the worksheet below to determine the total license fees due

1. List all companies you work with. There is a cost of **\$35** for each listed company.

Company name	Company license number	Employment date (mm/dd/yyyy)

Number of license fees: \_\_\_\_\_ x \$35 = Total \$ \_\_\_\_\_

2. 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 \$ \_\_\_\_\_

3. Provide your payment total.

\$ \_\_\_\_\_ total license fees  
+ \$ \_\_\_\_\_ printing costs  
= \$ \_\_\_\_\_ **payment total**

**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, 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? (Do not include traffic convictions.) . . . . . Yes No

**Certification**

Answer the following

- 1. Do you understand that we, the Department of Licensing, have the right to inspect the records that 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 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

**Applicant signature**—Sign and date the delcaration below.

*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 (city or county) signed

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