WASHINGTON STATE DEPARTMENT OF LICENSING

Timeshare Company Registration Application

[redacted]

Apply for a Timeshare Company Registration.

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

Or mail this completed form, a check or money order for the fees (payable to the Department of Licensing), and all required documents to:

Timeshare Company Program
Department of Licensing
PO Box 3777
Seattle WA 98124-3777

21804-APPLICATIONS

For questions or language help call: 360-664-1857

Fees–to include with application

☐ Fees: 1	original registration (includes one timeshare project)	$ 1,040
0	number of additional timeshare projects ($200 each)	$ 0
0	number of apartment units ($10 each)	$ 0
0	number interval fees ($1 each - maximum $1000)	$ 0
0	number of advertisements ($25 each)	$ 0
0	first piece of personal property ($500)	$ 0
0	number of additional pieces of personal property ($100 each)	$ 0
0	number of businesses of listing/brokering resale intervals ($500 each)	$ 0
0	number of monthly filing of listings of resale intervals ($10 each) (in lieu of interval fees for resale intervals)	$ 0
0	number of salesperson application fees ($35 each)	$ 0

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.

☐ $0 self-print license online.	$ 0
☐ $5 each. DOL print and mail license. Quantity 0	$ 0
Total fees	**$ 1040**

Required documents–to include with application

- ☐ Public Offering Statement
- ☐ Financial statements as required by RCW 64.36.030
- ☐ Salesperson Applications

Company information

TYPE or **PRINT** Name as you would like it to appear on your license		
Mailing address		
City	State	ZIP code
Physical address		
City	State	ZIP code
10-digit phone number	Email (required)	
Washington corporation number (if applicable)	UBI/UBI Business ID/UBI Location ID (16 digits)	

Type of business (If you check partnership or corporation, attach a copy of the partnership agreement or the current Washington corporation document)

☐ Sole proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Other _____

Full legal name of owner or promoter (First, Middle, Last)	Date of birth (mm/dd/yyyy)
10-digit phone number	Email

Continued on next page.

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, 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

Verification by oath or affirmation–Your signature must be notarized

I, _____ on behalf of the Timeshare company, hereby affirm I am aware I must comply with the applicable rules and understand the penalties for misconduct.

TYPE or PRINT Name of owner or promoter

X **When completed, print form. Sign and date here.**

Signature of owner or promoter Date

Consent to service–Requirement for all out-of-state applicants (signature must be notarized)

I, the undersigned, residing in the state of _____, have obtained or am about to obtain a registration/license/certification from the state of Washington to engage or continue in the business of managing a Timeshare company. I irrevocably consent that suits and actions may be commenced against0 the company in any county of the state of Washington in which any party/plaintiff having cause of action against the company may preside and that service of any process or pleading in an action or suit may be made by delivering it to the Director of the Department of Licensing of the state of Washington, at Olympia, Washington.

TYPE or PRINT Name of owner or promoter

X **When completed, print form. Sign and date here.**

Signature of owner or promoter Date

Certification

Answer the following

1. Do you understand that we, the Department of Licensing, have the right to inspect the records the Timeshare company is 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 the owner or promoter 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 of owner or promoter

X **When completed, print form and sign here.**

Date and place (city or county) signed

Signature of owner or promoter

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

RCW 64.36.020, .025, .028, .030, .035, .140
WAC 308-127-130

Continued on next page.

Notary–All signatures must be notarized

State of _____, County of _____

Signed or attested before me on _____ by _____

(Seal or stamp)

_____
Signature

_____
Printed or stamped name

_____ and _____
Title Expiration date of appointment