

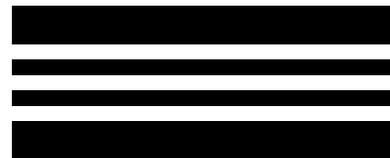


# Timeshare Company Registration Renewal

Renew 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**

For questions or language help, call 360-664-1857 or email [doltimeshare@dol.wa.gov](mailto:doltimeshare@dol.wa.gov).

**Fees**—to include with application

- Fees:   1   Renewal registration (includes 1 timeshare project) \$ \_\_\_\_\_  
           ! Includes 1 Public Offering Statement—\$25
- Number of additional timeshare projects (\$200 each) \$ \_\_\_\_\_  
           ! Project fees max out at \$1,000 for 5 or more projects
- Number of apartment units (\$10 each) \$ \_\_\_\_\_  
           ! Unit fees max out at \$250 for 25 or more units
- Late renewal penalty (\$2000) \$ \_\_\_\_\_

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 each.

\$0 self-print license online. \$ \_\_\_\_\_

\$5 each. DOL print and mail license. Quantity \_\_\_\_\_ \$ \_\_\_\_\_

**Total fees** . . . . . \$ \_\_\_\_\_

! New or renewing Salespersons must complete a separate Salesperson application/renewal and payment.

**Required documents**—to include with application

- Public Offering Statement
- Financial statements as required by RCW 64.36.030

**Company information**

TYPE or PRINT Name as you would like it to appear on your license		Current license number	
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		

**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**

\_\_\_\_\_  
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 against 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**

\_\_\_\_\_  
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**

\_\_\_\_\_  
Signature of owner or promoter

\_\_\_\_\_  
Date and place (city or county) signed

**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

**Notarization—All signatures must be notarized**

(Seal or stamp)	State of _____, County of _____
	Signed or attested before me on _____ by _____
	_____
	Signature
	Printed or stamped name
_____	and _____
Title	Expiration date of appointment