WASHINGTON STATE DEPARTMENT OF LICENSING

Timeshare Salesperson Registration Renewal

[redacted]

21805-RENEWALS

Renew 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: 360-664-1857

Fees

☐ Renewal of license number _____–**$35**

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 information

TYPE or PRINT Name as you would like it to appear on your license		Social Security number*
Full legal name (*First, Middle, Last)*		
Residence mailing address, City, State, ZIP code		
10-digit phone number	Email *(required)*	Date of birth *(mm/dd/yyyy)*
Military? *(check if applicable)* Current or former: ☐ Military member ☐ Military spouse or domestic partner		
Company name		Company license number
Mailing address, City, State, ZIP code		UBI/UBI Business ID/UBI Location ID (16 digits)
10-digit phone number	Email *(required)*	Date of employment *(mm/dd/yyyy)*

*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? . . . . . ☐ 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? (Don't include traffic convictions.) . . . . . ☐ Yes ☐ No

continued on next page

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

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name

Date and place

X When completed, print form and sign here.

Applicant signature

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

RCW 64.36