

Timeshare Salesperson Registration Application

You can use this form to apply for or renew your timeshare salesperson registration. Send this completed form and a check or money order, payable to Department of Licensing, to: **Timeshare Section, Department of Licensing, PO Box 3917, Seattle, WA 98124.**

For validation only

001-000-21805

Check one:

- Original application—\$25 Renewal application—\$25

Applicant information

TYPE or PRINT Name (<i>Last, First, Middle</i>)		Social Security number – required for child support enforcement. Kept on file at DOL.	
Residence mailing address (<i>Address, City, State, ZIP code</i>)			
(Area code) Home telephone number	Email	Date of birth (<i>mm/dd/yyyy</i>)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<p>Answer the following</p> <p>Attach a letter of explanation for any "Yes" answer to the following questions. Include the charge, date of conviction, civil judgment or order, county jurisdiction, state, and disposition of charges.</p> <p>1. Have you been convicted of a crime (misdemeanor or felony), in this or any other state, by the federal government or by any other jurisdiction within the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment, in this or any other state, by the federal government or by any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused, or denied, in this or any other state, by the federal government or by any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction, in this or any other state, by the federal government or by any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Certification</p> <p>1. I understand that any timeshare sales activity conducted prior to licensure is a violation of the Timeshare Act? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. I understand that any lawsuit or legal proceeding naming me as a defendant under any part of the Timeshare Act may be served upon me by delivery to the Department of Licensing Director? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X

Date and place signed

Applicant signature

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

Company information (to be filled out by employer)

Employer name		Timeshare name	
Mailing address (<i>Address, City, State, ZIP code</i>)			
Project address, if different from above (<i>Address, City, State, ZIP code</i>)			
(Area code) Telephone number	Email	Date applicant will be employed	

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X

Date and place signed

Employer signature

Upon filing, this document becomes a public record and is subject to public disclosure.

RCW 64.36