

Timeshare Company Registration Application

You can use this form to apply for a timeshare company registration. Send this completed form, additional documentation as required under RCW 64.36, and a check or money order, payable to the Washington State Treasurer, to:

Timeshare Section
Department of Licensing
 PO Box 9021
 Olympia, WA 98507-9021

For validation only

001-000-218-0004

Check all that apply:

- 1 original registration (includes one timeshare project) \$ 1,000
- _____ additional timeshare projects at **\$200** each \$ _____
- _____ apartment units at **\$10** each \$ _____
- _____ interval fees (through 1,000) at **\$1** each \$ _____
- _____ advertising fees (per advertisement) at **\$25** each \$ _____
- Total fees** \$ _____

Company information

TYPE or PRINT Business name		
Mailing address		
City	State	ZIP code
Physical address (if different from above)		
City	State	ZIP code
(Area code) Telephone number	Email	
Washington corporation number (if applicable)	Washington Revenue Tax number (UBI)	
Type of business (If you check partnership or corporation, attach a copy of the partnership agreement or the current Washington corporation document.)		
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		

Owner or promoter information

TYPE or PRINT Name (Last, First, Middle)		Date of birth (Month, Day, Year)
Address		
City	State	ZIP code
Answer the following 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.		
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		
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		
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		
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		

Certification

- Do you understand that any lawsuit or legal proceeding naming you as a defendant under any part of the Timeshare Act may be served to you by delivery to the Department of Licensing? Yes No
- Do you consent to such delivery as a legal service to you? Yes No
- Do you understand that it is your responsibility to maintain your current mailing address with us? Yes No
- Are you authorized to sign for the partnership or corporation? Yes No
- Do you understand that all timeshare salespersons hired by you to do business in this state must be properly licensed? Yes No

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 Applicant signature

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

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

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