

Electronic Titles Business Access Request

Use this form to apply for access to the Department of Licensing (DOL) electronic titles system. This system allows banking/lending institutions to store electronic vehicle and vessel titles in place of paper titles. Once completed, mail, fax, or email to:

Electronic Titles Customer Support, MS 48111

Department of Licensing

PO Box 9030

Olympia WA 98507-9030

Fax: (360) 570-7858

Email: dolvseltneeds@dol.wa.gov

Company/Business information

Business name		(Area code) Fax number
Physical address of business (<i>Street address, City, State, ZIP code</i>)		
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>)		
Contact name	(Area code) Telephone number	Email
Contact name 2	(Area code) Telephone number	Email
Contact name 3	(Area code) Telephone number	Email
Name of your service bureau <input type="checkbox"/> FDI (Dealertrack) <input type="checkbox"/> VNT (Vintek) <input type="checkbox"/> STA (Secure Title Admin.) <input type="checkbox"/> DDI (Decision Dynamics) <input type="checkbox"/> PDP (PDP Group)		
Provide one of the following items Tax Identification Number (TIN) _____ Employer Identification Number (EIN) _____ Washington State Unified Business Identifier (UBI) _____		
Check all that apply <input type="checkbox"/> I represent a Washington State business. Attach legible copies of: <ul style="list-style-type: none"> • Your current business license. • Any/all professional licenses that you possess. <input type="checkbox"/> I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: <ul style="list-style-type: none"> • Your current business license. • A letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Tax Identification Number (TIN). <input type="checkbox"/> I represent a non-profit organization or corporation. <ol style="list-style-type: none"> 1. Attach a legible copy of one of the following: <ul style="list-style-type: none"> • Your Articles of Incorporation, filed with the Secretary of State • Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) • Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent. 		

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Agency Use Only	
Date received _____	<input type="checkbox"/> New account <input type="checkbox"/> Renewal
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled <input type="checkbox"/> Misuse	_____ Signature of reviewer

Business information (cont'd)

Provide a detailed explanation of your primary business activity (exactly what your business does)

Answer the following

1. Will you disclose the information to third parties? Yes No
If "yes", to whom and why? Be specific.

2. Have you attached all the required documents that apply to this Electronic Titles Business Access Request? Yes No

Billing information

DOL will send you an invoice for the new account set-up fee.

Name of person from your business who will be billed		Title	
Mailing address			
City		State	ZIP code
(Area code) Telephone number	Email		

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines.

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

PRINT or TYPE Name

Title

Address

City, State, ZIP code

X

Signature

Date and place signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
RCW 46.12.640