

## Electronic Titles Lender Application

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

**Electronic Titles Customer Support, MS 48111**

**Department of Licensing**

**PO Box 9030**

**Olympia WA 98507-9030**

Email: [dolvseltneeds@dol.wa.gov](mailto:dolvseltneeds@dol.wa.gov)

### Business information

Business name		TIN, EIN or UBI number
Physical address of business (Street address, City, State, ZIP code)		
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)		
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)		
Check all that apply <input type="checkbox"/> <b>I represent a Washington State business.</b> Attach legible copy of your current business license. <input type="checkbox"/> <b>I represent a business outside Washington State.</b> 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"> <li>Your current business license, or</li> <li>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).</li> </ul> <input type="checkbox"/> <b>I represent a non-profit organization or corporation.</b> Attach a legible copy of one of the following: <ul style="list-style-type: none"> <li>Your Articles of Incorporation, filed with the Secretary of State, or</li> <li>Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3).</li> </ul>		
Provide a detailed explanation of your primary business activity (exactly what your business does)		

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DOL Use Only			
Date received	Status <input type="checkbox"/> New account	Approval <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of reviewer <b>X</b>
Comments			

**Business information (cont'd)**

Answer the following

1. Do you acknowledge that your organization may not disclose data to any entity other than your  
ELT vendor? .....  Yes  No

2. I have attached the following documents:

- Current business license
- Letter from business stating you are their agent
- Articles of Incorporation
- Tax exempt status from IRS
- ACH Payment Plan (Direct Debit) Authorization Agreement (required for all applicants)

**New account set-up information**

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

Name of financial contact		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 certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
PRINT or TYPE Name of authorized signer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP code

**X**  
\_\_\_\_\_  
Authorized signature

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