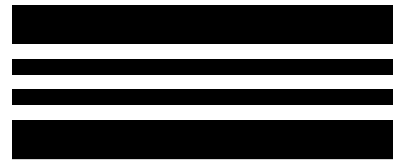




## Camping Resort Salesperson Registration Application



Apply for or renew your camping resort salesperson registration.

Online: [www.dol.wa.gov/business/campingresorts](http://www.dol.wa.gov/business/campingresorts)

Or mail this completed form and a check or money order (payable to Department of Licensing) to:

**Camping Resorts**  
**Department of Licensing**  
**PO Box 3777**  
**Seattle, WA 98124-3777**



27788-APPLICATIONS

**Application type** *(check one)*

- Original—\$150  
 Renewal of license number \_\_\_\_\_—\$150

**Applicant**

TYPE or PRINT Name as you would like it to appear on your license		
Full legal name (First, Middle, Last)		Social Security number*
Residence mailing address, City, State, ZIP code		
(Area code) Phone number	Email <i>(required)</i>	Date of birth <i>(mm/dd/yyyy)</i>
Military? <i>(check if applicable)</i> Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner		
Employer name		Camping resort name
Resort mailing address, City, State, ZIP code		
Resort address, City, State, ZIP code <i>(if different from above)</i>		
(Area code) Phone number	Email <i>(required)</i>	

\*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 questions below. If you answer "Yes," attach a detailed explanation.	
<b>In this state or any other jurisdiction has/is this business entity:</b>	
1. Within the last 10 years, had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by it? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Within the last 10 years, had any civil court order, verdict, or judgment entered against it? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses.) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Currently under indictment, or is there a criminal complaint, charge, or information pending against it? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Certification**

Answer the following

- 1. Do you understand that the Department of Licensing has the right to inspect the records 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 as a controlling person 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

**X**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date and place

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