WASHINGTON STATE DEPARTMENT OF LICENSING 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 to:

Email: dolvseltneeds@dol.wa.gov

Business information				
Business name			TIN, EIN or UBI number	
Physical address of business (Street address, City, State, ZIP co	de)			
Mailing address of business, if different (Address or PO Box, City	, State, ZIP code)			
Contact name	(Area code) Phone number	Email		
Contact name 2	(Area code) Phone number	Email		
Contact name 3	(Area code) Phone number	Email		
Name of your service bureau FDI (Dealertrack) VNT (Vintek) STA (Secu Check all that apply	ure Title Admin.) □DDI (D	ecision Dy	namics)	
I represent a Washington State business. Attach legible copy of your current business license.				
 I represent a business outside Washington state of Washington, attach a legible copy of Your current business license, or A letter with a signature of the owner or au letter must include your Employer Identified 	either: ithorized representative	indicating	you are their agent. The	
 I represent a non-profit organization or conditional and the following: Your Articles of Incorporation, filed with the Your Tax Exempt Status from the Internal 	e Secretary of State, or)(c)(3).		
Provide a detailed explanation of your primary business activity (exactly what your business does)				
 Answer the following 1. Do you acknowledge that your organization in other than your ELT vendor? 2. I have attached one of the following docume Current business license 				
 Current business icense Letter from business stating you are their Articles of Incorporation Tax exempt status from IRS 	agent			

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) Phone 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 law of Washington that the foregoing is true and correct.

	PRINT or TYPE Name of authorized signer
	Title
	Address
	City, State, ZIP code
signed	Authorized signature

Date and place (city or county) signed

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