



Timeshare Company Registration Application

Apply for a Timeshare Company Registration.

Online: <https://professions.dol.wa.gov>

Or mail this completed form, a check or money order for the fees (payable to the Department of Licensing), and all required documents to:

Timeshare Company Program
Department of Licensing
PO Box 3777
Seattle WA 98124-3777

For questions or language help call: (360) 664-6486



Fees—to include with application

- | | |
|---|----------|
| <input type="checkbox"/> Fees: <u>1</u> original registration (includes one timeshare project) | \$ 1,000 |
| _____ number of additional timeshare projects (\$200 each) | \$ _____ |
| _____ number of apartment units (\$10 each) | \$ _____ |
| _____ number interval fees (\$1 each - maximum \$1000) | \$ _____ |
| _____ number of advertisements (\$25 each) | \$ _____ |
| _____ first piece of personal property (\$500) | \$ _____ |
| _____ number of additional pieces of personal property (\$100 each) | \$ _____ |
| _____ number of businesses of listing/brokering resale intervals (\$500 each) | \$ _____ |
| _____ number of monthly filing of listings of resale intervals (\$10 each)
(in lieu of interval fees for resale intervals) | \$ _____ |
| _____ number of salesperson application fees (\$25 each) | \$ _____ |

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each.

- | | |
|---|----------|
| <input type="checkbox"/> \$0 self-print license online. | \$ _____ |
| <input type="checkbox"/> \$5 each. DOL print and mail license. Quantity _____ | \$ _____ |

Total fees \$

Required documents—to include with application

- ☐ Public Offering Statement
- ☐ Financial statements as required by RCW 64.36.030
- ☐ Salesperson Applications

Company information

TYPE or PRINT Name as you would like it to appear on your license		
Mailing address		
City	State	ZIP code
Physical address		
City	State	ZIP code
(Area code) Phone number	Email (required)	
Washington corporation number (if applicable)	UBI/UBI Business ID/UBI Location ID (16 digits)	
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 _____		
Full legal name of owner or promoter (First, Middle, Last)		Date of birth (mm/dd/yyyy)
(Area code) Phone number	Email	
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner		

Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit? ☐ Yes ☐ No
2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) ☐ Yes ☐ No

Verification by oath or affirmation—Your signature must be notarized

I, _____ on behalf of the Timeshare company, hereby affirm I am aware I must comply with the applicable rules and understand the penalties for misconduct.

TYPE or PRINT Name of owner or promoter

X

Signature of owner or promoter

Date

Consent to service—Requirement for all out-of-state applicants (signature must be notarized)

I, the undersigned, residing in the state of _____, have obtained or am about to obtain a registration/license/certification from the state of Washington to engage or continue in the business of managing a Timeshare company. I irrevocably consent that suits and actions may be commenced against the company in any county of the state of Washington in which any party/plaintiff having cause of action against the company may preside and that service of any process or pleading in an action or suit may be made by delivering it to the Director of the Department of Licensing of the state of Washington, at Olympia, Washington.

TYPE or PRINT Name of owner or promoter

X

Signature of owner or promoter

Date

Certification

Answer the following

1. Do you understand that we, the Department of Licensing, have the right to inspect the records the Timeshare company is 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 the owner or promoter 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 of owner or promoter

X

Date and place

Signature of owner or promoter

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.

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

Notary–All signatures must be notarized

(Seal or stamp)	State of _____, County of _____	
	Signed or attested before me on _____ by _____	
		_____ Signature
		_____ Printed or stamped name
	_____ Title	and _____ Expiration date of appointment