

**VEHICLE / VESSEL LICENSING
SUBAGENT APPLICATION/
SUBAGENCY UPDATE**

1. Purpose of Application

Please check all boxes that apply

- | | |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Apply - New Subagent
complete sections 2, (3 if hiring employees) and 4 | <input type="checkbox"/> Replace Subagent
complete sections 2, (3 if you have employees) and 4 |
| <input type="checkbox"/> Appointment Change
complete sections 2, and 4 | <input type="checkbox"/> Change Business Structure
complete sections 2, and 4 |
| <input type="checkbox"/> Change Location - complete sections 2, and 4 | |
| <input type="checkbox"/> Other _____ | |

2. Business Information

Please complete the appropriate section for business ownership structure. Attach additional sheets if necessary

Business Open Date _____
MONTH DAY YEAR

Hours of Operation _____
CURRENT BUSINESS PROPOSED LICENSING BUSINESS

a. _____
LICENSED BUSINESS NAME

DOING BUSINESS AS (DBA)/SUBAGENCY NAME, IF DIFFERENT FROM LICENSED NAME COUNTY IN WHICH SUBAGENCY IS LOCATED

SUBAGENCY MAILING ADDRESS (Street or PO Box, Suite No. Do not use building name) SUBAGENCY STREET ADDRESS IN WASHINGTON (if different than mailing address)

CITY STATE ZIP	CITY STATE ZIP
()	()
SUBAGENCY TELEPHONE NUMBER	FAX NUMBER INTERNET/E-MAIL ADDRESS

b. Please check the one box that applies to your Subagency:

- Sole Proprietor: Should spouse's name appear on appointment? Yes No (if applicable)
- Partnership Limited Partnership Limited Liability Partnership Limited Liability Company
- Washington Corporation Out of State Corporation Non Profit Corporation (educational, religious, charitable)
- Association Trust Municipality Other

c. _____
PARTNERSHIP, CORPORATION, LLC OR LLP NAME

State incorporated/formed _____ Year incorporated/formed _____

d. List all Applicants/Appointees: Sole proprietor, partners, officers, and LLC members. Attach additional pages if needed.

NAME (Last, First, Middle)

HOME ADDRESS (Street or PO Box) CITY STATE ZIP CODE

HOME TELEPHONE NUMBER TITLE

NAME (Last, First, Middle)

HOME ADDRESS (Street or PO Box) CITY STATE ZIP CODE

HOME TELEPHONE NUMBER TITLE

NAME (Last, First, Middle)

HOME ADDRESS (Street or PO Box) CITY STATE ZIP CODE

HOME TELEPHONE NUMBER TITLE

e. Have any Applicants/Appointees been convicted of a misdemeanor or felony, within the past seven (7) years, that might unfavorably affect your appointment as a subagent?

- YES NO

3. Signature(s)

PLEASE TYPE OR PRINT CLEARLY

Signature of Applicants/Appointees

I/we, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I/we are the applicant(s) or appointees of the firm making this application and that the answers contained, including any accompanying information, have been examined by us and that the matters and things set forth are true, correct and complete.

X	_____	_____
SIGNATURE REQUIRED		DATE
X	_____	_____
SIGNATURE REQUIRED		DATE
X	_____	_____
SIGNATURE REQUIRED		DATE
X	_____	_____
SIGNATURE REQUIRED		DATE

_____	()	_____
APPLICATION PREPARED BY	TITLE	TELEPHONE NO. DATE

LICENSING AGENT

REASON FOR APPLICATION (Mark ONE box)

- New Subagent
 Replace Subagent
 Appointment Change
 Change Business Structure
 Change Location
indicate old address to be closed: _____
 Other _____

I am confident that this applicant is able to, and will, perform all duties required of a vehicle/vessel license subagency and if appointed, will be fully trained and meet all banking, bonding and insurance requirements included in the standard contract and Vehicle Services Policies and Procedures. This office will educate, train and qualify the applicant as provided in Section 11 of the standard agent contract and Department of Licensing directives.

_____ For _____ County
SIGNATURE OF COUNTY AUDITOR OR LICENSING AGENT

DEPARTMENT OF LICENSING SIGNATURES

To the best of my knowledge the correct process established in policy has been followed.

_____ DATE _____ TITLE AND REGISTRATION ADMINISTRATOR DATE _____

APPROVAL/DISAPPROVAL

		APPROVE	IF DISAPPROVED, PLEASE EXPLAIN
		YES NO	
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
VEHICLE SERVICES ASSISTANT DIRECTOR	DATE		
		YES NO	
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
DIRECTOR	DATE		