

Vehicle/Vessel Licensing Subagent Application

You can use this form to apply as a new subagent, change a subagent business name, subagent replacement, remove an appointee, or report an office move. Send completed form to **Vehicle and Vessel Operations, PO Box 9042, Olympia, WA 98507-9042.**

Application type:

- New subagent
- Change of subagent business name
- Replacement subagent
- Remove appointee(s)
- Office move

Subagency information

TYPE or PRINT Subagency licensed business name <i>(as filed with Master License Services)</i>			
Name business will do business as <i>(if different from above)</i>			
Address			
City	State	ZIP code	County
Mailing address, if different <i>(Address, City, State, ZIP code)</i>			
(Area code) Telephone number	(Area code) Fax number	Email	
Proposed business open date <i>(mm/dd/yyyy)</i>	Days and hours of operation Day(s) _____ Hours _____		
Business ownership structure <i>(as provided through open competitive process)</i>			
<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership <i>(define type)</i> _____	
<input type="checkbox"/> Municipality	<input type="checkbox"/> Trust	<input type="checkbox"/> Corporation <i>(define type)</i> _____	
State where incorporated/formed _____		Year incorporated/formed _____	

Subagent applicants/appointees – List all names of applicants/appointees for this business as provided through the open competitive process. Attach additional pages if needed.

1 Name <i>(Last, First, Middle)</i>		Business title	
Address <i>(Residence or mailing)</i>		City	State ZIP code
(Area code) Home telephone number	(Area code) Cell phone number		
2 Name <i>(Last, First, Middle)</i>		Business title	
Address <i>(Residence or mailing)</i>		City	State ZIP code
(Area code) Home telephone number	(Area code) Cell phone number		
3 Name <i>(Last, First, Middle)</i>		Business title	
Address <i>(Residence or mailing)</i>		City	State ZIP code
(Area code) Home telephone number	(Area code) Cell phone number		
4 Name <i>(Last, First, Middle)</i>		Business title	
Address <i>(Residence or mailing)</i>		City	State ZIP code
(Area code) Home telephone number	(Area code) Cell phone number		

Subagent applicants/appointees – continued

Applicant/Appointee signatures

X	X
Signature	Signature
Date	Date
X	X
Signature	Signature
Date	Date

Answer the following

Have any of the applicants/appointees been convicted of a misdemeanor or felony within the past 7 years that might unfavorably affect their appointment as a subagent? Yes No

If yes, please explain:

County Auditor/Agent

- I am confident the applicant(s)/appointee(s) is able to and will perform all duties required of a vehicle/vessel license subagency, and if appointed, will be fully trained and meet banking, bonding, and insurance requirements included in the standard contract and applicable Department of Licensing (DOL) Policies and Procedures.
- This office will educate, train, and qualify the applicant as provided in the standard agent contract and DOL Policies and Procedures.
- I have reviewed and verified the information provided in this application is accurate.

Name of county	X
	County Auditor/Agent signature

Department use only				
Appointing authority approval/disapproval <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove If disapproved, please explain: _____ _____ _____				
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Director signature	Date			