



## Vehicle Dealer E-Permit Online Access Application

Use this form to request access to the online vehicle dealer E-Permitting system.

When completed, fax this form to **(360) 570-4943** or mail it to:

Research and Client Support

**Department of Licensing**

PO Box 2076

Olympia, WA 98507-2076

### To apply, you must:

1. Attach a copy of your Master Business License for the dealer number and location code you are applying for. Failure to do so will result in your application being rejected.
2. Complete a separate application for each dealer number and dealer location code.
3. Get a DOL access code for each user and follow the steps for registering for E-Permitting at **www.dol.wa.gov**.

PRINT or TYPE Dealer number		Dealer location code	
Dealer name			
DBA			
Dealer physical address			
City	State	County	ZIP code

Please provide the information below for each person who will use E-Permit online. A user manager must be listed.

<b>1</b>	Name (Last, First, Middle initial)		User role <input type="checkbox"/> User manager <input type="checkbox"/> User	
	DOL access code	Email	(Area code) Telephone number	(Area code) Fax number
<b>2</b>	Name (Last, First, Middle initial)		User role <input type="checkbox"/> User manager <input type="checkbox"/> User	
	DOL access code	Email	(Area code) Telephone number	(Area code) Fax number
<b>3</b>	Name (Last, First, Middle initial)		User role <input type="checkbox"/> User manager <input type="checkbox"/> User	
	DOL access code	Email	(Area code) Telephone number	(Area code) Fax number
<b>4</b>	Name (Last, First, Middle initial)		User role <input type="checkbox"/> User manager <input type="checkbox"/> User	
	DOL access code	Email	(Area code) Telephone number	(Area code) Fax number
<b>5</b>	Name (Last, First, Middle initial)		User role <input type="checkbox"/> User manager <input type="checkbox"/> User	
	DOL access code	Email	(Area code) Telephone number	(Area code) Fax number
<b>6</b>	Name (Last, First, Middle initial)		User role <input type="checkbox"/> User manager <input type="checkbox"/> User	
	DOL access code	Email	(Area code) Telephone number	(Area code) Fax number
<b>7</b>	Name (Last, First, Middle initial)		User role <input type="checkbox"/> User manager <input type="checkbox"/> User	
	DOL access code	Email	(Area code) Telephone number	(Area code) Fax number

**X** When you have completed this form, please print it out and sign and date here.

User manager signature

Effective date