



State of Washington
Business Licensing Service
 PO Box 9034
 Olympia, WA 98507-9034
 1-800-451-7985

UBI number

Personal/Criminal History Statement

(For Vehicle and/or Vessel Dealer, Wrecker, Hulk Hauler, Motor Vehicle Salvage Processor,
 Scrap Metal Business or Commercial Telephone Solicitor)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of endorsements(s) you are applying for: (A copy of this form will be provided to the agency that regulates the endorsement.)

- Vehicle and/or Vessel Dealer
 Wrecker/Hulk Hauler/Motor Vehicle Salvage Processor
 Scrap Metal Business
 Commercial Telephone Solicitor

A Personal statement

Business name <i>DBA or trade name</i>		Email Address			
Business location address <i>Street or route</i>		City	County	State or country	Zip code
Check all that apply: I am a: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Spouse <input type="checkbox"/> Corporate officer <input type="checkbox"/> LLC member/manager <input type="checkbox"/> Manager * <input type="checkbox"/> Partner <small>* Manager is needed only if you are applying for a Commercial Telephone Solicitor license</small>					
Name <i>Last</i>		<i>First</i>		<i>Middle</i>	
Other names used (<i>maiden, AKA</i>)			Social security number		Birthdate <i>mm/dd/yy</i>
Home mailing address <i>Street or route, PO box</i>		City	County	State or country	Zip code
(Area code) Home telephone number		(Area code) Work/cell telephone number		(Area code) Fax number	

B Criminal history

1. Within the last 10 years, have you defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , enter the information requested below and attach additional sheets as needed.				
Conviction Date	Charge	City, county and state	Disposition	Docket number
2. Within the last 10 years, have you had any civil court order, verdict, or judgement entered against you?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , enter the information requested below and attach additional sheets as needed.				
Conviction Date	Charge	City, county and state	Disposition	Docket number

C Certification

1. Do you understand that untruthful or misleading answers may be cause for denial of an endorsement and/or revocation of any endorsement granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Do you authorize investigation of your criminal history, financial records and credit history as necessary for licensing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
Signature X	Date signed
Printed name of person signing above	Place signed (<i>City, county, state</i>)