



Commercial Whale Watching License Application

Application Instructions

A commercial whale watching license is required for commercial whale watching operators. All business owners must be listed. If there is more than one owner, please complete the “*Commercial Whale Watching License Additional Business Owner Form.*”

Applicants must identify **all vessels** (including kayaks and sailboats) **and designated operators** to be engaged in commercial whale watching activity. This form provides enough space to list four vessels and four designated operators. If additional entries are required, please complete the “*Commercial Whale Watching License Additional Form for Vessels and Designated Operators.*” A hard card license will be issued for each operator and the associated vessel.

Applicants must identify **whale watching alternate operators** associated with the business. Whale watching alternate operators must apply for their own license using the “*Whale Watching Alternate Operator Application.*” The whale watching alternate operator information on this application will **not** result in a license for the whale watching alternate operator.

If the required fields, indicated with an asterisk (*), are blank or omitted from the application, the department will consider the application incomplete and it will not be processed. The completed application and payment must be mailed to:

Washington Department of Fish and Wildlife
Attn: Commercial License Sales
P.O. Box 43154
Olympia, WA 98504-3154

Whale Watching Business Information

* Business Name:
* Type of Business <i>(Please list the business owner under the “Business Owner Information” section. For multiple business owners, please use the Additional Business Owner Form.)</i> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor
* Business Mailing Address Including City, State, and Zip Code
* Business Physical Address Including City, State, and Zip Code

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* UBI Number	* Telephone
* Business Email Address	* Operated in WA Since ____ / ____ / ____ mm dd yyyy

Whale Watching Business Owner Information

* Business Owner Name <i>(First, Middle, and Last)</i>	* Business Owner SSN
* Association with Business: <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer	
* Business Owner Date of Birth: ____ / ____ / ____ mm dd yyyy	* Business Owner Telephone Number
* Business Owner Mailing Address Including City, State, and Zip Code	
* Business Owner Email Address	
* WA Resident Since <i>(Only for WA Residents)</i> ____ / ____ / ____ mm dd yyyy	

Vessel(s) and Designated Operator(s) Information

Kayak Operation

* Select the number of kayaks associated with the business <input type="checkbox"/> 1-10 (\$125) <input type="checkbox"/> 11-20 (\$225) <input type="checkbox"/> 21-30 (\$425) <input type="checkbox"/> 31+ (\$625)
\$ _____ Total Amount for Kayak Operation

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Kayak Designated Operator

* Kayak Operator Name <i>(First, Middle and Last)</i>	* Kayak Operator's SSN
* Date of Birth: _____/_____/_____ mm dd yyyy	* Height: _____ft. _____in.
* Weight _____ lbs.	* Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
* Eye Color: <input type="checkbox"/> Amber <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Blue/Green <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Pink	* Hair Color: <input type="checkbox"/> None <input type="checkbox"/> Bald <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Auburn <input type="checkbox"/> Chestnut <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White
* Mailing Address Including City, State, and Zip Code	
* Physical Address <i>(If different than mailing address)</i> Including City, State, and Zip Code	
* Telephone	* WA Resident Since <i>(Only for WA Residents)</i> _____/_____/_____ mm dd yyyy
* Email Address	

1st Motorized or Sailing Vessel Information

* 1 st Vessel Name	* 1 st Vessel State or Documentation Number
* 1 st Vessel Hull ID	* 1 st Vessel 10-Inch Number
* 1 st Vessel Horsepower	* 1 st Vessel Fuel Type <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
* 1 st Vessel Navigation Type <input type="checkbox"/> Radar <input type="checkbox"/> GPS <input type="checkbox"/> Fathometer	

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* 1 st Vessel Overall Length _____ft. _____in.	* 1 st Vessel Beam _____ft. _____in.
* Select the passenger capacity for the motorized vessel (including sailboats): <input type="checkbox"/> 1-24 (\$325) <input type="checkbox"/> 25-50 (\$525) <input type="checkbox"/> 51-100 (\$825) <input type="checkbox"/> 101-150 (\$1,825) <input type="checkbox"/> 151+ (\$2,000)	

1st Designated Operator Information

* 1 st Designated Operator Name (<i>First, Middle and Last</i>)	* 1 st Designated Operator's SSN
* 1 st Designated Operator Date of Birth: _____/_____/_____ mm dd yyyy	* 1 st Designated Operator Height: _____ft. _____in.
* 1 st Designated Operator Weight _____ lbs.	* 1 st Designated Operator Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
* 1 st Designated Operator Eye Color: <input type="checkbox"/> Amber <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Blue/Green <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Pink	* 1 st Designated Operator Hair Color: <input type="checkbox"/> None <input type="checkbox"/> Bald <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Auburn <input type="checkbox"/> Chestnut <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White
* 1 st Designated Operator Mailing Address Including City, State, and Zip Code	
* Physical Address (<i>If different than mailing address</i>) Including City, State, and Zip Code	
* 1 st Designated Operator Telephone Number	* WA Resident Since (<i>Only for WA Residents</i>) _____/_____/_____ mm dd yyyy
* 1 st Designated Operator Email Address	

2nd Motorized or Sailing Vessel Information

* 2 nd Vessel Name	* 2 nd Vessel State or Documentation Number
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* 2 nd Vessel Hull ID	* 2 nd Vessel 10-Inch Number
* 2 nd Vessel Horsepower	* 2 nd Vessel Fuel Type <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
* 2 nd Vessel Navigation Type <input type="checkbox"/> Radar <input type="checkbox"/> GPS <input type="checkbox"/> Fathometer	
* 2 nd Vessel Overall Length _____ft. _____in.	* 2 nd Vessel Beam _____ft. _____in.
* Select the passenger capacity for the motorized vessel (including sailboats): <input type="checkbox"/> 1-24 (\$325) <input type="checkbox"/> 25-50 (\$525) <input type="checkbox"/> 51-100 (\$825) <input type="checkbox"/> 101-150 (\$1,825) <input type="checkbox"/> 151+ (\$2,000)	

2nd Designated Operator Information

* 2 nd Designated Operator Name (<i>First, Middle and Last</i>)	* 2 nd Designated Operator's SSN
* 2 nd Designated Operator Date of Birth: ____ / ____ / ____ mm dd yyyy	* 2 nd Designated Operator Height: _____ft. _____in.
* 2 nd Designated Operator Weight _____ lbs.	* 2 nd Designated Operator Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
* 2 nd Designated Operator Eye Color: <input type="checkbox"/> Amber <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Blue/Green <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Pink	* 2 nd Designated Operator Hair Color: <input type="checkbox"/> None <input type="checkbox"/> Bald <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Auburn <input type="checkbox"/> Chestnut <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White
* 2 nd Designated Operator Mailing Address Including City, State, and Zip Code	
* Physical Address (<i>If different than mailing address</i>) Including City, State, and Zip Code	
* 2 nd Designated Operator Telephone Number	* WA Resident Since (<i>Only for WA Residents</i>) ____ / ____ / ____ mm dd yyyy

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* 2 nd Designated Operator Email Address

3rd Motorized or Sailing Vessel Information

* 3 rd Vessel Name	* 3 rd Vessel State or Documentation Number
* 3 rd Vessel Hull ID	* 3 rd Vessel 10-Inch Number
* 3 rd Vessel Horsepower	* 3 rd Vessel Fuel Type <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
* 3 rd Vessel Navigation Type <input type="checkbox"/> Radar <input type="checkbox"/> GPS <input type="checkbox"/> Fathometer	
* 3 rd Vessel Overall Length _____ ft. _____ in.	* 3 rd Vessel Beam _____ ft. _____ in.
* Select the passenger capacity for the motorized vessel (including sailboats): <input type="checkbox"/> 1-24 (\$325) <input type="checkbox"/> 25-50 (\$525) <input type="checkbox"/> 51-100 (\$825) <input type="checkbox"/> 101-150 (\$1,825) <input type="checkbox"/> 151+ (\$2,000)	

3rd Designated Operator Information

* 3 rd Designated Operator Name (<i>First, Middle and Last</i>)	* 3 rd Designated Operator's SSN
* 3 rd Designated Operator Date of Birth: _____ / _____ / _____ mm dd yyyy	* 3 rd Designated Operator Height: _____ ft. _____ in.
* 3 rd Designated Operator Weight _____ lbs.	* 3 rd Designated Operator Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
* 3 rd Designated Operator Eye Color: <input type="checkbox"/> Amber <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Blue/Green <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Pink	* 3 rd Designated Operator Hair Color: <input type="checkbox"/> None <input type="checkbox"/> Bald <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Auburn <input type="checkbox"/> Chestnut <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White

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* 3 rd Designated Operator Mailing Address Including City, State, and Zip Code	
* 3 rd Designated Operator Telephone Number	* WA Resident Since <i>(Only for WA Residents)</i> <div style="text-align: center;"> _____ / _____ / _____ mm dd yyyy </div>
* 3 rd Designated Operator Email Address	

4th Motorized or Sailing Vessel Information

* 4 th Vessel Name	* 4 th Vessel State or Documentation Number
* 4 th Vessel Hull ID	* 4 th Vessel 10-Inch Number
* 4 th Vessel Horsepower	* 4 th Vessel Fuel Type <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
* 4 th Vessel Navigation Type <input type="checkbox"/> Radar <input type="checkbox"/> GPS <input type="checkbox"/> Fathometer	
* 4 th Vessel Overall Length _____ ft. _____ in.	* Beam _____ ft. _____ in.
* Select the passenger capacity for the motorized vessel (including sailboats): <input type="checkbox"/> 1-24 (\$325) <input type="checkbox"/> 25-50 (\$525) <input type="checkbox"/> 51-100 (\$825) <input type="checkbox"/> 101-150 (\$1,825) <input type="checkbox"/> 151+ (\$2,000)	

4th Designated Operator Information

* 4 th Designated Operator Name <i>(First, Middle and Last)</i>	* 4 th Designated Operator's SSN
* 4 th Designated Operator Date of Birth: _____ / _____ / _____ mm dd yyyy	* 4 th Designated Operator Height: _____ ft. _____ in.
* 4 th Designated Operator Weight _____ lbs.	* 4 th Designated Operator Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary

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<p>* 4th Designated Operator Eye Color:</p> <p><input type="checkbox"/> Amber <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Blue/Green <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Pink</p>	<p>* 4th Designated Operator Hair Color:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Bald <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Auburn <input type="checkbox"/> Chestnut <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White</p>
<p>* 4th Designated Operator Mailing Address Including City, State, and Zip Code</p>	
<p>* 4th Designated Operator Telephone Number</p>	<p>* WA Resident Since (<i>Only for WA Residents</i>)</p> <p style="text-align: center;">_____ / _____ / _____ mm dd yyyy</p>
<p>* 4th Designated Operator Email Address</p>	

Whale Watching Alternate Operators

Alternate Operator Information

<p>1st Alternate Operator Name (<i>First, Middle and Last</i>)</p>	<p>1st Alternate Date of Birth:</p> <p style="text-align: center;">_____ / _____ / _____ mm dd yyyy</p>
<p>2nd Alternate Operator Name (<i>First, Middle and Last</i>)</p>	<p>2nd Alternate Date of Birth:</p> <p style="text-align: center;">_____ / _____ / _____ mm dd yyyy</p>
<p>3rd Alternate Operator Name (<i>First, Middle and Last</i>)</p>	<p>3rd Alternate Date of Birth:</p> <p style="text-align: center;">_____ / _____ / _____ mm dd yyyy</p>
<p>4th Alternate Operator Name (<i>First, Middle and Last</i>)</p>	<p>4th Alternate Date of Birth:</p> <p style="text-align: center;">_____ / _____ / _____ mm dd yyyy</p>
<p>5th Alternate Operator Name (<i>First, Middle and Last</i>)</p>	<p>5th Alternate Date of Birth:</p> <p style="text-align: center;">_____ / _____ / _____ mm dd yyyy</p>

Attestations

I attest that the Designated Operators under this license have reviewed and will comply with all commercial whale watching rules, including the rules for viewing southern resident killer whales.

I attest that all designated motorized and sailing vessels listed under this license have been certified by the United States Coast Guard to carry more than six passengers.

Signature

By signing your name to this application, you are declaring the contents of this application are true and correct under penalty of perjury, pursuant to the laws of the state of Washington.

* Signature	
	<i>Signature of the Person Submitting this Application</i>
* Print Name	
	<i>Print the Name of the Person Submitting this Application</i>
* Date of Signature	
	<i>MM / DD / YYYY</i>
* Place of Signature	
	<i>Print the City and State or Province Where this Application is Signed</i>

[RCW 77.65.615](#)

[Chapter WAC 220-460](#)

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Payment

The fees for the whale watching license are outlined in RCW 77.65.615. Follow the steps below to determine the total cost for the commercial whale watching license.

1. If the “*Commercial Whale Watching License Additional Form for Vessels and Designated Operators*” was needed, include this subtotal amount in the space provided.
2. Enter the quantity of vessels with the corresponding vessel passenger capacity for each vessel listed on this application. Multiply this number by the amount associated with the corresponding passenger capacity. Enter this total in the space provided.
3. Add the subtotal from box 1 with the subtotal from box 2.
4. Select the check box that corresponds with the number of kayaks in the fleet.
5. Add the license and application fees with vessel fee (motorized and kayak).

<p>1. * If the “<i>Commercial Whale Watching License Additional Form for Vessels and Designated Operators</i>” was needed, include this subtotal amount below.</p> <p>Additional Motorized Vessel Subtotal: \$ _____</p>
<p>2. * Enter the quantity of vessels with the corresponding passenger capacity for the motorized vessel (including sailboats). Multiply each passenger capacity category amount by the cost to determine the cost for each vessel passenger capacity category.</p> <p>_____ 1-24 (\$325) _____ 25-50 (\$525) _____ 51-100 (\$825) _____ 101-150 (\$1,825)</p> <p>_____ 151+ (\$2,000) Motorized Vessel Subtotal: \$ _____</p>
<p>3. * Add the subtotal from box 1 <i>Additional Motorized Vessel Subtotal</i> and the subtotal from box 2 <i>Motorized Vessel Subtotal</i> to determine the total motorized vessel amount</p> <p>Additional Motorized Vessel Subtotal: \$ _____ + Motorized Vessel Subtotal: \$ _____</p> <p>Total Motorized Vessel Amount: \$ _____</p>
<p>4. * Total amount for kayak operation by selecting the check box that corresponds with the number of kayaks to be used on this license.</p> <p><input type="checkbox"/> 1-10 (\$125) <input type="checkbox"/> 11-20 (\$225) <input type="checkbox"/> 21-30 (\$425) <input type="checkbox"/> 31+ (\$625)</p> <p>Total Kayak Amount: \$ _____</p>
<p>5. * Add the license and application fees with the motorized vessel and kayak fees to determine total payment.</p> <p>License Fee: \$200 + Application Fee: \$75 + Total Motorized Vessel Amount: \$ _____ + Total Kayak Amount: \$ _____ =</p> <p>Total Amount of Payment Included: \$ _____</p>