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Online Proposal Registration Application

Delta Dental of Washington offers the ability to create plans for groups with five to 99 employees based on coverage and budgetary needs through the Delta Dental of Washington secured website.

This application form will allow users to self register for our Online Proposal tool. A current Washington State Producer license is not required to use Online Proposal.

Please complete the following information. Fields marked with a (*) are required. **You will be responsible for notifying Delta Dental of Washington should your contact information change.**

* Full Name			Producer <input type="checkbox"/>	Admin <input type="checkbox"/>
* Agency Name (if different from above)			*Telephone Number	
*Business Address			*Email Address	
*City	*State	*Zip Code + 4	Fax Number	
License Number (WAOIC #)		Expiration Date		

Please fax your completed application to Delta Dental of Washington at (206) 985-4821 or email to: ProducerLicensing@deltadentalwa.com.

Once the application is processed, you will receive an email from Producer Licensing with your registration information. If you have not received your registration information within two business days, please contact ProducerLicensing@deltadentalwa.com.