### WASHINGTON STATE DEPARTMENT OF HEALTH





#### DOH 332-175 October 2023

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Online payment options for Commercial Shellfish License renewals are now available. System owners and their designees may now pay project and operating permit fees online with an electronic check (free) or by debit or credit card (2% processing fee applied).

# If you have an existing SAW account, skip to step 7 for instructions to log in and sign up for online payment services.

### **Shellfish License Renewal payments**

Online payments are made through Secure Access Washington (SAW).

Step 1: Get started at <a href="https://secureaccess.wa.gov/">https://secureaccess.wa.gov/</a>

Step 2: Select SIGN UP!

THE STATE OF WASHING	<b>WELCOME</b> to your login for Washington state.
R Secure Access	SIGN UP! GET HELP TIPS ON
LOGIN USERNAME PASSWORD USERNAME USERNE	ON BEHALF OF WASHINGTON STATE AGENCIES

**Step 3:** Enter your personal information, create a password and select I'm not a robot. Choose the verification images, select **VERIFY**, then select **Create my account**.

	e if you already have an account? CHECK NOW		
Name and Email			
First Name			
Last Name			
Primary Email			
— Optional Contact Information———			
Provide additional contact information to receive losing access to your account. You can add or ec SAW account settings.	security codes and reduce the chance of it additional contact information later in your		
Additional Email			
Mobile Phone			
		Select all images with	
Message and data rates may apply. A message w <u>Mobile Terms of Service</u> or <u>Privacy Policy</u> for mo	ill only be sent when you request it. View our e information.	cars	
Username and Password			
		VIL AND THE	
		-	
PASSWORD REQUIREMENTS			Dente for
Add at least 10 more characters			1
Add a special character or a lower case letter or an uppercase letter or a			
Password		1/1/10	
		1/1-	
Confirm Password		A Minds	
		States and a state of the state	

Step 4: Check your email account to activate your new SAW account.



#### **CHECK YOUR EMAIL**

An activation link has been sent to your email. You must click the link to activate your account before you can login.

### Step 5: Select the link in the email message: To activate your account, please click. SecureAccess Washington : Welcome to SecureAcces



secureaccess@cts.wa.gov < secureaccess@cts.wa.gov> To: daffymouse@yahoo.com

You are almost finished, Daffy...

Thank you for signing up with Secure Access Washington.

2

Your username is: dmouse

To activate your account, please click: https://secureaccess.wa.gov/publ

For guestions or concerns about your SecureAccess Washington account,

Thank you, The Secure Access Washington Team

### Step 6: Select LOGIN



SIGN UP! Not sure if you already have an account? CHECK NOW

### ACCOUNT ACTIVATED!

Your account is activated and you can now log in. Please note: If you do not log in to this account at least once every 24 months, it will be automatically deleted.



×

### Step 7: Enter the user ID and password you just created. Select SUBMIT.



### Step 8: After logging in, select ADD A NEW SERVICE.



## Step 9: Select I would like to browse a list of services.

## ADD A NEW SERVICE



# Step 10: Click on Department of Health to expand the list, select ENVIRONMENTAL HEALTH PAYMENT SYSTEM and click APPLY.



ADD A NEW SERVICE

Department of Early Learning

Department of Ecology

**Department of Financial Institutions** 

Department of Fish and Wildlife

Department of Health





### Step 11: You will see the REGISTRATION COMPLETE page. Select OK.



## **REGISTRATION COMPLETE**

This service has been added to your list and is ready for you to start





### Step 12: Click on ACCESS NOW



# Step 13: Click CONTINUE to be routed to the Department of Health Environmental Health Online Payment System page



Step 14: Follow each step to ensure you complete your payment successfully.

To get started, click on the **Environmental Health and Safety** tab, select **Shellfish Invoices** on the drop-down list or under **Quick Links** on the left side.



### Step 15: Enter your License Number. Click Search

Washington State Department of HEALTH	Environmental Public Health Online Payment System							
Division of Environmental Public Health	Home	•	Drinking Water	•	Radiation Protection 🔹	Environmental Health and Safety		
Shellfish Invoice Payment  • LicenseNumber is required.  * License Number ex:WA-1236-SS	:		Search Cancel		Invoice Type:Select One-	V		

### Step 16: Click check box and Continue

Washington HE	ALTH	I	Environi	mental Public I	Health Or	nline Payme	nt System	
Division of Environme	ntal Public Health	Home	-	Drinking Water	- F	Radiation Protection	✓ Environmer Sat	ntal Health and
* License Number: WA-1234-SS Invoice Type:Select One								
Select Invoice(s) to mal	ke a payment							
License Number	Licensee Name			Invoice Type	Invoice Year	Invoice DueDate	Invoice Total Amount	Balance Due
🛛 WA-1234-SS	Washington Shellfish Co.			Shellfish Licensing	2023	12/03/2023	\$ 1437.00	\$ 1437.00
1				Continue				

### Step 17: Click Pay Now

Environmental Public Health Online Payment System									
Division of En	vironmental Public Health	Home 👻	I	Drinking Water	•	Radiation Protection	-	Environmental Safety	Health and 🛛 🔻
Entity ID	Entity ID: WA-1234-SS Entity Name: Washington Shellfish Co.								
Entity ID	Entity Name	Invo	oice Year	Invoice DueDate			Invo	oice Total Amount	Balance Due
WA-1234-SS	Washington Shellfish Co.	2023	3	12/03/2023			\$ 14	37.00	\$ 1437.00
Invoice(s) Amount Due: \$1437.00 Total Payment: \$1437.00									
Return to Invoice	e Search								

**Step 18:** You will be directed to the payment site **"PayPoint"** Follow instructions and complete payment.

	Environmental Public Health Online	Payment Systen
Payment Method		
Please do not use your browser's back b	utton.	
	* Indicates required field Choose Method Of Payment	
	Pay with new account         O       Pay by electronic check         O       Pay by credit card	
	VISA Sack Next Exit	
	all of the language and a surger	Demond by Dev Or
an trademarks, service marks and trade names used in this material are the prop	ary of their respective owners.	Powered by PayPo PayPoint Privacy P

#### NOTE:

- 1) There is a 2% fee charged if you select the "Pay by credit card" option.
- 2) You may pay with a debit card by selecting credit card and using debit card information, the 2% charge still applies.

**Step 19:** Choose **method of payment** and **Next**; follow instructions and complete payment. Click **Next** again.

* Tediates estimated field	Billing Address
* Indicates required field	Use Business Name
Observe weather die for some solution	*First Name:
Choose method of payment	M.I.:
	*Last Name:
Pay by electronic check	*Street Line 1:
• Tuy by cleation clican	Street Line 2:
	*City:
* Account Type: Personal 🗸	*State: Select State
	*Zip:
O Pay by credit card	*Country: UNITED STATES 🗸
	Phone:
	E-Mail:
413M	
	Payment Details
Back Next Exit	*Payment Amount: 1424.00 USD Convenience Fee: 0.00 USD
Note: Credit card option, including debit	Your account will be debited in 1 to 3 days from the date identified. If your payment date falls on a non-banking day your payment will be executed on the next available banking day. Current date payments received after 6:00 PM ET will be executed on the next valid banking day.
	Payment Method
cards, (a 2% fee will be applied); Electronic	
Check (No Fee applied)	*Name On Account:
	*Account Number: What's This?
	*Re-Type Account Number:
	*Routing Number: What's This?
	*Account Type:  Checking O Savings
	*Driver License Number:
	*Driver License State: Select State
	Back Next Exit

\* Indicates required field

Step 20: Click 'I Agree' checkbox and 'Pay Now'. Wait for payment confirmation



**Step 21: WAIT** for confirmation of your payment. If you leave the page, the processing of your payment may **NOT** be completed.

### Step 22: Payment receipt available for print.

<b>H</b>	n State Department of ealth	Environm	nental Public He	alth Online Payment Syster	n			
Division of Envi	ronmental Public Health	Home Drinking Water	Radiation Protection En	vironmental Health and Safety				
	Entity ID: WA-1234-	SS	Entity Name	Washington Shellfish Co.				
The followin	g entities are selecte	d for invoice payment.						
Entity ID	Entity Name		Invoice Year	Invoice DueDate	Invoice Total	Balance Due		
WA-1234-S	S Washingto	on Shellfish Co.	2023	12/31/2023	\$1437.00	\$1437.00		
			Invoice(s) Total	Amount Paid: \$1437.00				
			Convenie	ence Fee: \$ 0.00				
	Transaction Status: PaymentSuccess							
	Transaction Date: 12/1/2023							
	Confirmation Number: 20112512587575							
Return to Inv	oice Search					Print		

### Questions? Please email shellfish@doh.wa.gov or call (360) 236-3330