



Forfeited Vessel Disposition Report

Vessel impound facilities and law enforcement use this form to report the sale of a foreclosed vessel.

- Complete this form and have your signature notarized. Give the original to the purchaser.
- If proceeds exceed \$1,000, mail surplus funds in a check or money order, payable to Department of Licensing, to **Revenue Accounting, PO Box 35001, Seattle, WA 98124-3401**.
- Send a copy of this form with the [Vessel Impound Authorization and Inventory Notice of Impoundment](#) and [Notice of Intent to Foreclose on Impounded Vessel](#) forms to:

Email: dolvsswat@dol.wa.gov

Fax: **(360) 902-3665**

Mail: **Forfeited Vessels, Department of Licensing, PO Box 9040, Olympia, WA 98507-9040**

Impound facility/Agency information

Facility name		(Area code) Phone number	
Address		City	State ZIP code
Date impounded (mm/dd/yyyy)	Date forfeited (mm/dd/yyyy)	Agency storing	

Vessel information

Decal/Registration #	St/Prov	Hull Identification Number (HIN)	Make	Vessel type	Length
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Affidavit of sale—Complete this section for use as an ownership document when you sell or dispose of the vessel.

Purchaser name		
Purchaser street address		
City	State	ZIP code
Date of sale (mm/dd/yyyy)	Driver license or UBI number	

Total lien (less sales tax) \$ _____
 No bid
 Sale price \$ _____
 Tax \$ _____
 Amount collected \$ _____
 Surplus amount \$ _____
 Date surplus amount sent to DOL _____

Certification

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

If proceeds exceed \$1,000, mail surplus funds and a copy of this form within 30 days to:
Department of Licensing
Revenue Accounting
PO Box 35001
Seattle, WA 98124-3401

X

Date and place (city or county) signed

Authorized Impound facility/Agency signature

Notarization/Certification—You don't need your signature notarized if you sign in front of a vehicle licensing agent, who can certify your signature.

State of _____ County of _____

Signed or attested before me on _____ by _____
 (Seal or stamp) Name of person signing this document

Notary/Agent/Subagent signature _____
 Title _____ and _____
 Dealer or county/office number or notary expiration date _____