

Abandoned Vehicle Affidavit of Sale (Registered Tow Truck Operators Only)

Registered tow truck operators (RTTO) use this form as an affidavit of sale of an abandoned vehicle.

- TYPE Section 1 RTTO information and Section 2 Vehicle information.
- An application for title, in the purchaser's name, must accompany this affidavit; it must be filed within 15 days of sale.
- Wreckers and salvage processors may use this form as a title on monthly reports if they have acquired the vehicle from an RTTO or a licensed hulk hauler.
- If the RTTO retains the vehicle, you must apply for a title in the company name within 45 days.
- If you cannot locate the Vehicle Identification Number (VIN), contact your local law enforcement agency to inspect the vehicle and fill out the "Law enforcement use only" section below.
- · Send completed forms to:

Email: DVRCustomerRecordSupport@dol.wa.gov

Mail: Abanc		nicles, Dept		•		ox 904	0, Olyr	npia, WA	98507-9040	0	
1-Registered tow truck operator information TYPE Name							10-digit pł		it phone number	10-digit fax number	
Address				City					State	ZIP code	
Date stored Date abandoned			Repor	t date		RTTO number Po		Police agen	olice agency storing		
2-Vehicle info	ormation	<u> </u>									
TYPE Vehicle Identification Number (VIN)				Year			Make				
Model		Body style			Plate	Plate/tag/decal number S		State	Туре		
	sale-Co	⊥ mplete this s	ection f	or use as	an ov	wnershi	p docur	_∟ nent when	you sell or d	ispose of the vehicle	
Purchaser name									tax) \$		
Purchaser street address							- □ No bid Sale price \$ - Tax \$ Amount collected \$				
City			State	State ZIP code							
Date of sale	Date of sale Driver license or UBI number						Surplus amount \$ Date surplus amount sent to DOL				
Answer the following Vehicle purchased for resale? Yes No Reseller permit number 4-Certification						er	Mail surplus funds within 30 days to: Department of Licensing Revenue Accounting PO Box 35001				
I declare under penalty of perjury under the law on Washington that the foregoing is true and correct								e, WA 98	124-3401		
				X							
Date and place (city or	county) signe	ed		Authoriz	zed RT	TO signat	ure				
Notarization/Certifi										certify your signature.	
State of							nty of				
(Seal or stamp)	Signed or	Signed or attested before me on by									
, , , , , , , , , , , , , , , , , , , ,		Notary/Agent/Subagent signature									
							Notary	printed or st	amped name		
	Title						and Dealer	or county/off	fice number or n	otary expiration date	
Law enforcement use only									DOL use only		
Date	Inspected VI	N number					Rejec	et enspection			

Agency/badge number

☐ Unable to locate

PRINT or **TYPE** Inspector name