

Assignment of Time Deposit

Use this form to fulfill the fuel tax bonding requirements. If you have questions, call us at (360) 664-1853. When completed, send to: Fuel Tax Section, Department of Licensing, PO Box 9228, Olympia WA 98507-9228

Applicant statement - To be completed by the applicant The undersigned assigns, transfers, and conveys to the State of Washington all rights, title, and interest to a Certificate of

Deposit, or other financial deposit, number \_\_\_\_\_, in the amount of \_\_\_\_\_ in the \_\_\_\_\_ Financial/Bank institution name, Branch, Address

with full authority to demand, collect, and receive this deposit for the uses and purposes prescribed by Revised Code of Washington [ ] RCW 82.36.060(7) Motor Vehicle Fuel, [ ] RCW 82.38.110(8) Special Fuel and/or [ ] RCW 82.42.040 Aircraft Fuel.

It is understood and agreed that \_\_\_\_\_ holds the said time deposit in its possession and agrees to hold \$ \_\_\_\_\_ until a release of this assignment is received from the Washington State Department of Licensing. It is understood that interest earned shall be payable to the depositor. The deposit shall be released to the State of Washington after 20 days notice and demand is sent and no other conditions of release.

Name of depositor/licensee \_\_\_\_\_

Signature X \_\_\_\_\_ Fuel tax license number \_\_\_\_\_ Identify - Individual/ Partner/ Corporate officer/ LLC or LLP member

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ (Area code) Telephone \_\_\_\_\_

Notarization

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_

(Seal or stamp)

Signature \_\_\_\_\_

Printed or stamped name \_\_\_\_\_

Title \_\_\_\_\_ and \_\_\_\_\_

Notary expiration date \_\_\_\_\_

Bank acceptance - To be completed by bank personnel

Certificate of Deposit is insured by \_\_\_\_\_ FDIC/FSLIC/WCUSGA

to a maximum of \_\_\_\_\_

I hereby accept this Assignment of Time Deposit and agree to hold the funds until an authorized release is received from the Washington State Department of Licensing. A photocopy of the Certificate is attached.

Signature X \_\_\_\_\_ Title \_\_\_\_\_

Bank address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ (Area code) Telephone \_\_\_\_\_



## Release of Assignment of Time Deposit

To whom it may concern:

The Washington State Department of Licensing, Prorate and Fuel Tax Services, releases, reassigns, and transfers all rights, control, and interest in the identified \$ \_\_\_\_\_ time deposit, number

\_\_\_\_\_, assigned to the Department by \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. A copy is attached.

Name of fuel tax representative \_\_\_\_\_

Title \_\_\_\_\_

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_