



Washington State  
 Department of Revenue  
 Compliance Administration  
 PO Box 47473  
 Olympia WA 98504-7473

# Non-Resident Vessel Repair Affidavit (RCW 88.02.570)

State of Washington

County of \_\_\_\_\_

\_\_\_\_\_ being first duly sworn on oath, deposes and says:

(Owner/Operator) \_\_\_\_\_ (Phone Number) \_\_\_\_\_

that I am a bona fide resident of the state of \_\_\_\_\_ date of birth \_\_\_\_\_ and

that my address is: \_\_\_\_\_  
 (Address) (City) (State) (Zip Code)

that on the \_\_\_\_\_ day of \_\_\_\_\_ I brought into Washington the following described vessel, to-wit:

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Hull Identification Number \_\_\_\_\_

Name \_\_\_\_\_ Documentation Number \_\_\_\_\_

Home Port \_\_\_\_\_ State Registration Number \_\_\_\_\_

Moored at \_\_\_\_\_ and that said vessel is exclusively undergoing repair or

reconstruction by \_\_\_\_\_  
 (Business Name) (UBI/Tax Registration No.)

located at \_\_\_\_\_  
 (Address) (City) (Phone Number)

for a period not to exceed sixty (60) days. Expiration date being the \_\_\_\_\_ day of \_\_\_\_\_  
 (Day) (Month) (Year)

**For extensions, contact the Department of Revenue prior to expiration.**

Dated at \_\_\_\_\_ Washington, this \_\_\_\_\_ day of \_\_\_\_\_  
 (Day) (Month) (Year)

**Subject to Audit  
 Not Valid Until Approved  
 by the Department of Revenue**

\_\_\_\_\_  
 (Signature of Vessel Owner)

**or**

\_\_\_\_\_  
 (Signature of Vessel Operator)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
 (Day) (Month) (Year)

\_\_\_\_\_  
 NOTARY PUBLIC

RESIDING AT \_\_\_\_\_