



State of Washington  
 Department of Revenue  
 Administrative Review and  
 Hearings Division  
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 Olympia WA 98504-7460  
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## Brief Adjudicative Proceeding Appeal Review of Initial Order

Please type or print in ink. You must file this petition within 21 days of the date of the initial order. A petition may be filed by mail, fax, email or by telephone. The mailing address, fax number, phone number, and email address are above. A petition sent by US mail is considered filed as of the postmark date. A petition filed by other methods is considered filed on the date received.

<b>1 Taxpayer</b>		
Name/Business Name	Tax Registration/UBI Number	
Street Address (include city, state, zip)		
Telephone Number	Fax Number	Web Site Address
Contact Person	Telephone Number	Email Address

<b>2 Representative</b>		
Name/Business Name		
Street Address (include city, state, zip)		
Telephone Number	Fax Number	Email Address

<b>3 Initial Order you are Appealing</b>	
Please select one. Attach a copy with this petition.	
<input type="checkbox"/> Denied Reseller Permit Dated: _____	<input type="checkbox"/> Revoked Certificate of Registration Dated: _____
<input type="checkbox"/> Revoked Reseller Permit Dated: _____	<input type="checkbox"/> Request to Suspend / Not Renew / Not Issue Spirits License Dated: _____
<input type="checkbox"/> Assessed Manufactured/Mobile Home Community Fees Dated: _____	

**4 Issues and Arguments** – Describe the reason for your appeal. Attach additional pages if necessary. Also, attach with this petition all documents and evidence you want us to consider.

**5 Signature, Confidential Tax Information Authorization, and Email Authorization**

Either the Taxpayer or the Representative can sign the petition. However, the Department must have on file a Confidential Tax Information Authorization to be able to disclose tax information to the Representative. The Taxpayer can elect to sign the authorization below or submit a separate form located at [dor.wa.gov/ctia](http://dor.wa.gov/ctia), unless one is already on file.

**Taxpayer:**

I hereby certify that I am the owner, corporate officer, or partner of the above named business, I am authorized to execute this form, and the Representative named above is authorized to receive confidential tax information from the Department on all matters raised on appeal.

Check this box to authorize the Department of Revenue to send correspondence including the reviewing officer’s decision by email. I acknowledge that email and fax communications are not secure, and that confidential information sent via email or fax may be intercepted and used by unauthorized persons. I accept these conditions and waive any violation of the Secrecy Clause (RCW 82.32.330) that might arise from an unauthorized interception and/or use of email or fax.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print or type)

**Representative:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

For tax assistance or to request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.