



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/Account ID)

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 _____