

Broker's/agents vessel transaction report

Note: Not all areas below apply on all sales, but all applicable areas must be filled in.

1 Seller's information

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

2 Buyer's information

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

3 Description of property sold

a. HIN _____

b. Name of vessel _____

c. Coast Guard registration number _____

d. Amount property sold for _____

e. Date of sale _____

4 Certification

I hereby certify that I was the broker/agent in the above transaction. However, I only received a commission on this transaction and I did not collect the sales proceeds from the buyer. This report is being filed within 10 days of the date of sale.

Print name _____ Date _____

Signature _____ Account ID _____

Please mail the completed form to:

Washington State Department of Revenue
 Compliance Division
 PO Box 47473
 Olympia WA 98504