

## Affidavit of Loss/Release of Interest/ Gross Weight License

When completed, mail or take this original, notarized form to any vehicle and vessel licensing office.

License/Registration number	Year	Make	Series/Body
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN)			

### What are you reporting?

Check all that apply

**Affidavit of loss** . . . . . ☒ **Yes** ☐ **No**

The following item is not in my possession because it was lost, stolen, destroyed, or mutilated.

- ☒ Title
- ☐ Registration
- ☐ Tab
- ☐ Decal
- ☐ Plates

**Release of interest** . . . . ☒ **Yes** ☐ **No**

I release interest in the vehicle or vessel described above.

**Gross weight license** . . ☐ **Yes** ☐ **No**

I authorize the transfer of this gross weight license to the new owner to remain with the vehicle described above.

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
If signing for a business, I have full authority to do so.*

\_\_\_\_\_  
**PRINT or TYPE** Name of first owner

\_\_\_\_\_  
(Area code) Telephone number

\_\_\_\_\_  
Washington driver license, ID, or UBI

\_\_\_\_\_  
Position and company name if signing for a business

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
**PRINT or TYPE** Name of second owner

\_\_\_\_\_  
(Area code) Telephone number

\_\_\_\_\_  
Washington driver license, ID, or UBI

\_\_\_\_\_  
Position and company name if signing for a business

**X**

\_\_\_\_\_  
Signature

### Notarization

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

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
Name of person

(Seal or stamp)

\_\_\_\_\_  
Notary signature

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

Title \_\_\_\_\_ and \_\_\_\_\_  
Dealer or county/office number or notary expiration date

## Release of Interest/Power of Attorney

Vehicle license plate/Vessel registration number		Vehicle Identification or Hull Identification number (VIN or HIN)	
Year	Make	Series/Body type	Title number

**Lienholder's release of interest** – Requires notarization/certification, *unless a business entity and release is submitted with Certificate of Ownership*. Must be accompanied by Certificate of Ownership or completed, notarized/certified, Affidavit of Loss of Title form TD-420-040.

I/We release all interest in the above described vehicle/vessel.

_____ TYPE or PRINT lienholder/business/company name	_____ Title for business/company	<b>X</b> _____ Signature of person releasing interest
_____ TYPE or PRINT lienholder/business/company name	_____ Title for business/company	<b>X</b> _____ Signature of person releasing interest

**Registered owner's release of interest** – Requires notarization/certification (*even if notarized below*)

I/We release all interest in the above described vehicle/vessel.

_____ TYPE or PRINT registered owner name	<b>X</b> _____ Signature of registered owner
_____ TYPE or PRINT registered owner name	<b>X</b> _____ Signature of registered owner

### Notarization/Certification

State of \_\_\_\_\_, County of \_\_\_\_\_  
 Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
 (Seal or stamp)  
 \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Printed or stamped name  
 Title \_\_\_\_\_ and \_\_\_\_\_  
 Dealer or county/office number or notary expiration date

**Power of Attorney** – Requires notarization/certification (*even if notarized above*)

To: Title and Registration Services  
 Department of Licensing  
 Olympia, Washington  
 And to whom it may concern

I appoint A-Jacks Auto Services & Towing LLC to act as my attorney-in-fact to sign all papers and documents that may be necessary in order to secure, or release, Washington title and/or registration for the vehicle/vessel described above. I agree to guarantee and save the state of Washington, and the Director of Licensing, from all responsibility for any legal action which might arise from the issuance of a Washington certificate of title and/or registration for this vehicle/vessel.

_____ TYPE or PRINT name of person granting Power of Attorney	_____ Driver license or ID card number	<b>X</b> _____ Signature of person granting Power of Attorney
_____ TYPE or PRINT name of person granting Power of Attorney	_____ Driver license or ID card number	<b>X</b> _____ Signature of person granting Power of Attorney

### Notarization/Certification

State of \_\_\_\_\_, County of \_\_\_\_\_  
 Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
 (Seal or stamp)  
 \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Printed or stamped name  
 Title \_\_\_\_\_ and \_\_\_\_\_  
 Dealer or county/office number or notary expiration date