

**Form 32 0047**

Department of Revenue  
Compliance Division  
PO Box 47473  
Olympia, WA 98504-7473

# Non-Resident Vessel Repair Affidavit RCW 88.02.570

This affidavit is subject to audit and not valid until approved by Department of Revenue. For extensions, contact the Department of Revenue prior to expiration.

Email completed form to [usetax@dor.wa.gov](mailto:usetax@dor.wa.gov)

## 1 Vessel Owner information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State of residency: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 2 Operator information

If owner is not the operator, provide owner information and complete the following.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State of residency: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***Continued...***

### 3 Vessel description

Date vessel entered Washington: \_\_\_\_\_ Date vessel placed into repair: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Vessel name: \_\_\_\_\_

Hull identification number: \_\_\_\_\_ Documentation number: \_\_\_\_\_

Home port: \_\_\_\_\_ State registration number: \_\_\_\_\_

**The described vessel is exclusively in repair/reconstruction for no longer than 60 days by:**

Business name: \_\_\_\_\_ Account ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Moorage location: \_\_\_\_\_ Phone: \_\_\_\_\_

**Expiration date (60 days from the date of this affidavit):** \_\_\_\_\_

**A Nonresident Vessel Repair Affidavit is effective for 60 days. If repairs cannot be completed in this time, the exemption may be extended by filing a new affidavit with the Department of Revenue by the expiration date (before the 61st day).**

**Failure to file an affidavit timely may result in an obligation to register and pay use tax to Washington.**

**RCW 88.02.570 and WAC 458-20-238**

### 4 Certification

By signing this affidavit, I certify under penalty of perjury under the laws of the State of Washington as administered under Chapter 9A.72 RCW that the forgoing is true and correct.

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_