

Release of Interest / Power of Attorney

VEHICLE PLATE/VESSEL REG. NO.		VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN)	
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LIENHOLDER'S RELEASE OF INTEREST **REQUIRES NOTARIZATION/CERTIFICATION, UNLESS A BUSINESS ENTITY**

MUST BE ACCOMPANIED BY CERTIFICATE OF TITLE 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 NAME / BUSINESS / COMPANY _____ SIGNATURE OF PERSON RELEASING INTEREST _____ TITLE FOR BUSINESS / COMPANY _____

TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY _____ SIGNATURE OF PERSON RELEASING INTEREST _____ TITLE FOR BUSINESS / COMPANY _____

REGISTERED OWNER'S RELEASE OF INTEREST **REQUIRES NOTARIZATION/CERTIFICATION**

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

TYPE OR PRINT NAME OF REGISTERED OWNER _____ SIGNATURE OF REGISTERED OWNER _____

TYPE OR PRINT NAME OF REGISTERED OWNER _____ SIGNATURE OF REGISTERED OWNER _____

NOTARIZATION / CERTIFICATION

NOTARY SEAL OR STAMP

State of Washington _____ Signed or attested
County of _____ before me on _____

by _____ Signature _____
Printed Name of Person Signing Document Notary / Agent Signature

Notary's Name (**PRINTED or STAMPED**) _____

Title _____ Dealer No. **OR**
Notary / Agent **AND:** County / Office No. **OR** _____
Notary Expiration Date _____

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POWER OF ATTORNEY **REQUIRES NOTARIZATION/CERTIFICATION**

TO: THE DEPARTMENT OF LICENSING
Title & Registration Services
Olympia, Washington
And To Whom It May Concern:

I appoint _____ 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 _____ SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY _____ * DOL CUSTOMER ACCOUNT NUMBER _____

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY _____ SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY _____ * DOL CUSTOMER ACCOUNT NUMBER _____

NOTARIZATION / CERTIFICATION

NOTARY SEAL OR STAMP

State of Washington _____ Signed or attested
County of _____ before me on _____

by _____ Signature _____
Printed Name of Person Signing Document Notary / Agent Signature

Notary's Name (**PRINTED or STAMPED**) _____

Title _____ Dealer No. **OR**
Notary / Agent **AND:** County / Office No. **OR** _____
Notary Expiration Date _____

* The **DOL CUSTOMER ACCOUNT NUMBER** is found on the Washington Driver's License or Identification Card (12 characters), or if the owner is a business, it will be the UBI number found on the business Registration and License Document (9 digits).