



Assignment of Time Deposit

Use this form to fulfill the fuel tax bonding requirements. If you have questions, call us at (360) 664-1852. When completed, send to: Fuel Tax Section, Department of Licensing, PO Box 9228, Olympia WA 98507-9228

Applicant statement - To be completed by the applicant. The undersigned assigns, transfers, and conveys to the State of Washington all rights, title, and interest to a Certificate of Deposit, or other financial deposit, number _____, in the amount of _____

in the _____ Financial/Bank institution name, Branch, Address

with full authority to demand, collect, and receive this deposit for the uses and purposes prescribed by Revised Code of Washington [] Fuel Tax Laws (RCW 82.38) and/or [] Aircraft Fuel (RCW 82.42).

It is understood and agreed that _____ Financial/Bank institution holds the said time deposit in its possession and agrees to hold \$ _____ until a release of this assignment is received from the Washington State Department of Licensing. It is understood that interest earned shall be payable to the depositor. The deposit shall be released to the State of Washington after 20 days notice and demand is sent and no other conditions of release.

Name of depositor/licensee _____

Signature X _____ Fuel tax license number _____ Identify - Individual/Partner/Corporate officer/LLC or LLP member

Address _____

City _____ State _____ ZIP _____ (Area code) Phone _____

Notarization

State of _____, County of _____

Signed or attested before me on _____ by _____

(Seal or stamp)

Signature _____

Printed or stamped name _____

Title _____ and _____

Notary expiration date _____

Bank acceptance - To be completed by bank personnel

Certificate of Deposit is insured by _____ FDIC/FSLIC/WCUSGA

to a maximum of _____

I hereby accept this Assignment of Time Deposit and agree to hold the funds until an authorized release is received from the Washington State Department of Licensing. A photocopy of the Certificate is attached.

Signature X _____ Title _____

Bank address _____

City _____ State _____ ZIP _____ (Area code) Phone _____



Release of Assignment of Time Deposit

To whom it may concern:

The Washington State Department of Licensing, Prorate and Fuel Tax Services, releases, reassigns, and transfers all rights, control, and interest in the identified \$_____ time deposit, number

_____, assigned to the Department by _____

on this _____ day of _____, _____. A copy is attached.

Name of fuel tax representative _____

Title _____

Signature **X** _____ Date _____