Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

Wrecker/Scrap Processor Monthly Report

Adobe Reader XI required to fill out this form
Click to download

- Select how you will submit your report. **NOTE:** Reports not submitted electronically require original signature and notary seal.
- List each vehicle acquired in the previous month. If no vehicles were acquired, select "none." Reports are **due by the 10th of the month** following the month the vehicles were acquired.
- IMPORTANT – Keep a copy of the report and all supporting documents verifying ownership at your place of business for 3 years from the date acquired.

How are you submitting report? ☐ Internet ☐ U.S. mail	Business name	Wrecker/Processor license #	Month/Year vehicles acquired ▼ 20	Acquisition activity ☐ None

Stock / Yard number	Year	Make	Plate number	State	Motor or vehicle Identification number	Supporting documents	Acquired from	Wreckers only Meets value threshold
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No
						▼		☐ Yes ☐ No

Add a page

Company email: _____

Notarization/Certification

State of _____ County of _____

Signed or attested before me on _____ by _____

(Seal or stamp)

_____
Printed or stamped name

_____
Signature

_____ and _____
Title Dealer/county/office # or notary expiration date

By typing or signing your name, you certify that: (1) this is a list of all vehicles and vehicle salvage legally acquired during the report month; (2) all vehicles and/or license plates listed have been destroyed; and (3) all documents verifying ownership for these vehicles have been marked "destroyed" and will be kept for a minimum of 3 years at your place of business.*

X **Sign your name here before a notary if emailing this form** _____
Wrecker/ Scrap processor signature*

*If using **Submit to DOL** button – certify by typing your name.
Mailed report - **requires signature before a notary public.** Mail to: **Department of Licensing, PO Box 9038, Olympia, WA 98507.**

Save

Submit to DOL

TD-420-538 (R/12/14)WA

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-4019 or TTY (360) 664-0116.