

Quote Request



From: _____
 Phone: _____
 Fax: _____
 Email: _____

Customer name: _____

Physical address: _____

Sale (circle one): Private Party Dealer

Vehicle type (circle one): Passenger Truck Trailer Camper
 ORV WATV Travel Trailer Motorhome
 Motorcycle Snowmobile Vessel

Customer Provided Plate? Y N
(must be same use class)

Vehicle make: _____

Vehicle model: _____

Vehicle year: _____

Mileage: _____

VIN: _____

Scale weight: _____

Previous state: _____

*Purchase price: _____
*(List separate prices for vessel and trailer. Also, vessel to include value of motor and accessories.)

Trade-in allowance: _____

Taxes paid: _____

Additional information: _____

Submit requests to either:

Castle Rock Auto Licensing
 2 Cowlitz St W, PO Box 1770
 Castle Rock WA 98611
 P: 360-274-2222 F: 360-274-9999
 Email: crautolicensing@gmail.com

- OR -

Shelton Tabs & Titles
 2505 N Olympic Hwy Suite 130
 Shelton WA 98584
 P: 360-462-0808 F: 360-462-0544
 Email: watabsandtitles@gmail.com