Logo, company name

Description automatically generated510 – 2nd Street Ste C, Snohomish, WA 98290

Telephone (360) 568-8836 \* FAX (360) 568-5353 \* Email [snohomishautolicensing@gmail.com](mailto:snohomishautolicensing@gmail.com)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Vehicle owner’s name)**

**Give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Buyer/Pick up customer name)**

**Permission to purchase/pick up the tabs for my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Year, Make, VIN # above)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(License plate number)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Vehicle Owner’s Signature)**