

WA DOL Affidavit of Loss

Washington State Department of Licensing

Affiant Information:

- Full Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone Number: _____
- Email Address: _____

Details of the Lost Document:

- Type of Document: _____
- Document Number: _____
- Date of Loss: _____
- Place of Loss: _____

Circumstances of Loss: I,

_____, declare under penalty of perjury under the laws of the State of Washington that the above-mentioned document was lost under the following circumstances:

Description of Efforts to Locate:

Declaration: I hereby request the Department of Licensing to process this affidavit of loss for the aforementioned document.

Signature:

Date:

Notary Public:

- **Name:** _____
- **Commission Expiry:** _____
- **Signature:** _____