

STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER

In the Matter of:)
) NO.
 (Licensee's Name))
) DECLARATION OF (name of person)
 Licensee,)
)
)
 _____)

_____, (Name of person) under penalty of perjury under the laws of the State of Washington, declares as follows:

1. My name is (name of person). (Person should state what their position and relation to the Licensee is and why they are making this Declaration, i.e., to support the Licensee in retaining his/her insurance agent's license etc.).

2. (Person should go on to make the statements he or she wishes to make, in numbered paragraphs below. . .).

Signed this ____ day of _____, 20__.

(signature of person making Declaration)