



**STATE OF WASHINGTON**  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
**DIVISION OF CONSUMER SERVICES**

*P.O. Box 41200 • Olympia, Washington 98504-1200*  
*Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>*

**DECLARATION OF ACTIVITY**

I, \_\_\_\_\_, declare:  
 Print Name

1. I am above the age of eighteen and, based on my personal knowledge, am competent to testify to the facts as stated in this declaration.

2. In 2008, I held Loan Originator license number 510-LO-\_\_\_\_\_.  
Print Last 5 Digits  
of License Number

under Chapter 19.146 RCW, the Mortgage Broker Practices Act (the Act).

3. I certify that since January 1, 2009, I  have  have not performed any activity  
 (Check One)

that would require licensure under the Act.

4. I further certify that since January 1, 2009, I  have  have not received any  
 (Check One)

compensation that would require licensure under the Act.

5. I will refrain from conducting any activity that would require licensure under the Act, until the Department issues me a valid Loan Originator license for 2009.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_ in \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year City State

\_\_\_\_\_  
 Signature