



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. I am the Designated Broker for _____, whose
 Print Company Name

Mortgage Broker Practices Act license number is 510-MB-_____.
 Print Last 5 Digits of License Number

3. I certify that since January 1, 2009 the Company noted in paragraph 2

has
 has not performed any activity that would require licensure as a
 (Check One)

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

4. I further certify that since January 1, 2009, the Company noted in

paragraph 2 has
 has not received any compensation that would require
 (Check One)

licensure as a mortgage broker under the Act.

5. The Company noted in paragraph 2 will refrain from conducting any activity that would require licensure as a mortgage broker under the Act, until the Department issues the Company a valid mortgage broker 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