



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>

**MORTGAGE LOAN ORIGINATOR (MLO)
2016 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 2015, I held a Washington Mortgage Loan Originator license number MLO - _____.
(NMLS number)
3. I certify that since January 1, 2016, I
 have performed any activity that would require licensure under Chapter 19-146 RCW, the Mortgage Broker Practices Act or Chapter 31.04 RCW, the Consumer Loan Act..
 have not
(Check One)
4. I further certify that since January 1, 2016, I
 have received any compensation that would require licensure under Chapter 19.146
 have not RCW or Chapter 31.04 RCW.
(Check One)
5. I will refrain from conducting any activity that would require licensure under Chapter 19.146 RCW or Chapter 31.04 RCW until the Department issues me a valid Mortgage Loan Originator license for 2016.

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 _____, 2016 in _____, _____.
Day Month City State

Signature

Contact Phone Number

**Please ONLY email this declaration to Washington DFI.
Email: DCS@dfi.wa.gov**