



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

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WASHINGTON CONSUMER LOAN COMPANY APPLICATION DECLARATION

This form must be completed by a control person for the applicant.

I, _____ declare:
Print Owner/Officer Name

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.

- 1. I am the _____ for _____ and am authorized to make this Declaration on behalf of the company.
2. I personally reviewed the application submitted on behalf of the applicant in NMLS and all supporting documents submitted and certify the application and supporting documents do not contain any untrue statement or omission of any material information or fact.
3. I understand that any false or fraudulent representation or substantial misrepresentation may be grounds for denial or revocation of any license granted by the Department.
4. I read and am familiar with the Washington Consumer Loan Act, RCW 31.04 and the associated rules, WAC 208-620, and agree that the applicant will comply with both.
5. The applicant will notify the Department of any material change to the information contained in the company's record on NMLS and am familiar with reporting requirements in WAC 208-620-490.
6. I understand the company must file a Mortgage Call Report quarterly within 45 days of the quarter's end.
7. I further understand the company must file an Annual Report and pay an assessment based on activities during the reporting year by March 1st. I am familiar with the assessment calculation as outlined in WAC 208-620-440.
8. If granted a license, I understand the company will be subject to periodic examinations and am familiar with the fees associated with an examination as outlined in WAC 208-620-590.
9. I affirm the applicant has a written recordkeeping plan in compliance with WAC 208-620-520 through WAC 208-620-545 and a written disaster recovery plan in compliance with WAC 208-620-531.
10. I affirm the applicant has a written anti-money laundering program ("AML Program") and will file suspicious activity reports ("SARs:") in compliance with FinCEN's final rule.
11. I affirm the applicant has a written Identity Theft Prevention Program in compliance with the Red Flags Rule.

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 _____, 20__, in _____, _____.

Signature