

## 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 ◆ <a href="http://www.dfi.wa.gov/cs">http://www.dfi.wa.gov/cs</a>

## MORTGAGE LOAN ORIGINATOR (MLO) 2024 DECLARATION OF ACTIVITY

l,			,	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 2023, I held a Washington Mortgage Loan Originator license number MLO (NMLS number)					
3.	I certify that since January 1, 2024, I					
	have have not (Check One)	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.				
4.	I further certify that since January 1, 2024, I					
	have have not (Check One)	received any cor RCW or Chapter			require licensure unde	er Chapter 19.146
5.	I will refrain from conducting any activity that would require licensure under Chapter 19.146 RCW chapter 31.04 RCW until the Department issues me a Mortgage Loan Originator license for 2024.					
l decla correct	•	y of perjury under	the laws of	the State	of Washington that th	ne foregoing is true and
DATE	O this day	of Month	_, 2024 in _			
	Day	Month		City	State	
Signature				Contact Phone Number		

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