



Financial Responsibility Application and Affidavit

Use this form to apply for a Certificate of Financial Responsibility.

When completed, send to:

Department of Licensing
PO Box 9035
Olympia, WA 98507

If you have questions, visit dol.wa.gov or call (360) 902-7415.

PRINT or TYPE Name of depositor (First, Middle, Last)		Date of birth	Driver license number
Street Address			
City		State	ZIP code
(Area code) Phone number	Email		
Preferred alternative of compliance (<i>check one</i>)			
<input type="checkbox"/> Certified check for \$60,000			
<input type="checkbox"/> Bank account for \$60,000			
<input type="checkbox"/> Securities trading account for \$66,000 (which is 110% of \$60,000)			

I hereby declare that I reside in _____ county.

I further declare that there are no unsatisfied judgments of any character against me in the county certified as my residence.

Date and place

X

Signature

RCW 46.29.550

Notarization/Certification

State of _____, County of _____

Signed or attested before me on _____ by _____

(Seal or stamp)

Signature

Printed or stamped name

Title _____ and _____
Notary expiration date