



STATE OF WASHINGTON
DEPARTMENT OF LICENSING
PO Box 9031 • Olympia, Washington 98507-9031

Petitioner name _____)
)
 WA driver license # _____)
)
 Petitioner,)
 v.)
 STATE OF WASHINGTON)
 DEPARTMENT OF LICENSING)
 Respondent.)
 _____)

DRIVING DECLARATION

I have not operated a motor vehicle upon any public roadway since _____.
Date (mm, dd, yyyy)

I understand that if the Department of Licensing receives evidence that I operated a motor vehicle after the above date, my driving privilege will again be revoked. That revocation will remain in effect for the balance of the original Habitual Traffic Offender Revocation, the end of all DWLSR 1st degree revocations, or one year, whichever is longer.

I have the following charges pending:

Date	Charge	Court

I certify under penalty of perjury under the law of Washington that the foregoing is true and correct.

 Date and place signed

 TYPE or PRINT Petitioner's name

X

 Petitioner's signature