

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) Telephone number	Email		
Preferred alternative of compliance (check one)			
<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 certify that I reside in _____ county.

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

_____ **X** _____
 Date and place Signature

RCW 46.29.550

Notarization/Certification

(Seal or stamp) State of _____, County of _____
 Signed or attested before me on _____ by _____

 Signature

 Printed or stamped name
 Title _____ and _____
 Notary expiration date