

# 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](http://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