

DECLARATION TO SUPPLEMENT APPLICATION FOR LIMITED PRACTICE BOARD EXAMINATION

Note: This declaration may be used only if you submitted a full application to the WSBA within the past nine months. It must be submitted to the address below no later than 30 days prior to the date of the exam with the \$200 application fee. I, (print name) (street address) (daytime phone number) (city/state/zip) previously applied for the \(\subseteq April \) \(\subseteq October, 20____ LPO exam, \) and am now applying for the \Box April \Box October, 20____ LPO exam. I am filing this declaration to confirm or add the following information submitted in my previous application: 1. \Box All of the information in my previous application is current and correct; or 2.

All of the information in my previous application is current and correct except: (attach additional page(s) if necessary) I have read the foregoing and certify under penalty of perjury under the laws of the State of Washington that the statements contained herein are full, true and correct. Dated this ______, 20_____. Signature of Applicant City/State where signed For office use only LPO Examination Fees – 45110 – LPO Date _____ Check no. _____ Amount \$_

AUTHORIZATION AND RELEASE

I,	born in
as a Limited Practice Office made as to my moral character. Limited Practice Officer und as may be received reported which may be required in re- of the investigative report un- writing, a copy of said report	having filed an application for admission to limited practice r in the state of Washington, hereby consent to have an investigation eter, professional reputation, and fitness for the limited practice as a der Rule 12 of the Admission to Practice Rules and such information d to the admitting authority. I agree to give any further information efference to my past record. I understand that I will not receive a copy paless I have been denied admission to limited practice, and request in the within 30 days of being advised of my denial. I further understand stigation are pledged except as otherwise regulated by law.
court, association or institut pertaining to me, to furn information, including doce filed against me, formal or i the Washington State Limit	st every person, firm, company, corporation, government agency, ion having control of any documents, records and other information ish to the Washington State Limited Practice Board any such aments, records, association files regarding charges or complaints informal, pending or closed, or any other pertinent data, and to permit ed Practice Board or any of its agents or representatives to inspect cuments, records, and other information.
agents and representatives, representatives, and any penature and kind arising out	, and exonerate the Washington State Limited Practice Board, its the admission agency of the above jurisdiction, its agents and arson so furnishing information from any and all liability of every of the furnishing or inspection of such documents, records, and other tion made by the Washington State Limited Practice Board or by the
	document and have answered all questions fully and frankly. The true of my own knowledge.
State of	County of
Signature of Appl	licant
Subscribed and sworn to bef	Fore me on this,
Notary Public	
In and for the state of	Residing at