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| --- | --- |
| Date: | |
| Provider Name: | |
| Provider ID: | |
| 1. I,       (full name and title) declare I am the licensee or the licensee’s authorized agent and voluntarily make this declaration. 2. Pursuant to WAC 110-300-0130, I declare the following are found in unlicensed space at my home:   (Check all that apply)    Furnace area safety, or smoke or carbon monoxide detector requirements under WAC 110-300-0170(3)  Guns, weapons, or ammunition storage under WAC 110-300-0165(2)(e)  Medication storage under WAC 110-300-0215  Refrigerator or freezer under WAC 110-300-0165(3)(d)  Storage areas that contain chemicals, utility sinks, or wet mops under WAC 110-300-0260  Swimming pools under WAC 110-300-0175   1. I intend to comply with all requirements for those items I have indicated are in unlicensed space at my home. 2. I understand that a person may be subject to penalties under Chapter 9A.72 RCW for making a materially false written statement.   I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.  DATED and signed at       , Washington on the       of       ,  (City) (Day) (Month) (Year) | |
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|  |  |
|  | Signature |
|  | Print Full Name    Address    Telephone    Email Address |
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