



**STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES**

**No Social Security Card Declaration
WAC 110-300-0400**

Date: _____

Name of Applicant: _____
(Full name)

The license applicant seeking an initial license under chapter 110-300B must submit an application packet that includes a copy of the license applicant's Social Security card pursuant to 42 U.S.C. 666(a)(13) and RCW 26.23.150 regarding child support.

1. I _____ declare I am the license applicant and voluntarily make this statement.
2. Provide a sworn declaration stating you do not have a Social Security card

3. I understand that a person may be subject to criminal 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
(City)
_____ of _____, _____.
(Day) (Month) (Year)

Signature:

Print full name:

Address:

Telephone:

Email Address: