



STATE OF WASHINGTON
DEPARTMENT OF EARLY LEARNING

IN RE:

Licensee

DECLARATION OF PERSONAL
SERVICE AND PROOF OF RECEIPT

On ____/____/____, _____ was served a copy of a:

- DEL Letter of Summary Suspension that was dated ____/____/____
- DEL Letter of Revocation that was dated ____/____/____
- DEL Letter of Summary Suspension & Revocation that was dated ____/____/____
- DEL Letter of Denial that was dated ____/____/____
- DEL Letter of Disqualification that was dated ____/____/____
- Amended Letter of _____ that was dated ____/____/____
- DEL Letter of Civil Penalties that was dated ____/____/____
- Other that was dated ____/____/____

By personally delivering to and leaving with _____ residing or
located at _____, Washington, a
copy of said document(s).

Dated this ____ day of _____, 20____, at _____, Washington.

Signature

Signature

Print Name

Print Name

- Licensee
- Other: _____

- DEL Licensor
- Other: _____