



**STATE OF WASHINGTON**  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
**DIVISION OF CONSUMER SERVICES**

*P.O. Box 41200 • Olympia, Washington 98504-1200*  
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**MORTGAGE BROKER COMPANY**  
**2015 DECLARATION OF ACTIVITY**

I, \_\_\_\_\_, declare:  
Print Name

1. I am above the age of eighteen and, based on my personal knowledge, am competent to testify to the facts as stated in this declaration.
2. I am the Designated Broker for \_\_\_\_\_, whose  
Print Company Name  
 Mortgage Broker Practices Act license number is MB-\_\_\_\_\_.  
(NMLS number)
3. I certify that since January 1, 2015 the Company noted in paragraph 2  
 has performed any activity that would require licensure as a mortgage broker under  
 has not Chapter 19.146 RCW, the Mortgage Broker Practices Act (the Act).  
(Check One)
4. I also certify that since January 1, 2015, the Company noted in paragraph 2  
 has received any compensation that would require licensure as a mortgage broker  
 has not Chapter 19.146 RCW, the Mortgage Broker Practices Act (the Act).  
(Check One)
5. I further certify that the Company noted in paragraph 2 will refrain from conducting any activity that would require licensure as a mortgage broker under Chapter 19.146 RCW, until the Department issues the Company a valid mortgage broker license for 2015.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED this \_\_\_\_ day of \_\_\_\_\_, 2015 in \_\_\_\_\_, \_\_\_\_\_.  
Day Month City State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact Phone Number