## GRNSEAL

### STATE OF WASHINGTON

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

**No Social Security Card Declaration**

**WAC 110-300-0400 and WAC 110-301-0400**

Date: Date

Name of Applicant: Full Name

The license applicant seeking an initial license under chapter 110-300 or 110-305 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 Full Name 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

Click or tap here to enter text.

1. 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 Click or tap here to enter text., Washington on the

Day of Month, Year

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name

Address

Phone

Email