



**STATE OF WASHINGTON  
DEPARTMENT OF EARLY LEARNING**

**No Social Security Card Declaration  
WAC 170-296A-1250(f)(ii)**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Full name)

The license applicant seeking an initial license under chapter 170-296A 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 \_\_\_\_\_, 2012.  
(Day) (Month)

Signature:

Print full name:

Address:

Telephone:

Email Address: