



WSBA

DECLARATION TO SUPPLEMENT APPLICATION FOR LIMITED PRACTICE BOARD EXAMINATION

Note: This declaration may be used only if you submitted a full application to the WSBA within the past nine months. It must be submitted to the address below no later than 30 days prior to the date of the exam with the \$200 application fee.

I, _____
 (print name)

 (street address)

_____, _____
 (city/state/zip) (daytime phone number)

previously applied for the April October, 20____ LPO exam,
 and am now applying for the April October, 20____ LPO exam.

I am filing this declaration to confirm or add the following information submitted in my previous application:

1. All of the information in my previous application is current and correct; or
2. All of the information in my previous application is current and correct except:

 (attach additional page(s) if necessary)

I have read the foregoing and certify under penalty of perjury under the laws of the State of Washington that the statements contained herein are full, true and correct.

Dated this _____ day of _____, 20____.

 Signature of Applicant City/State where signed

For WSBA Office Use Only Applicant ID Number: _____	<p style="text-align: center;"><u>Payment Information</u></p> <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Check (Make checks payable to the WSBA) _____ Name (as it appears on the card) _____ Signature _____ Credit Card No. _____ Exp Date _____ Telephone Number _____ Amount _____
A/R Date:	For WSBA Office Use Only Check No. : _____ Amount: _____

AUTHORIZATION, RELEASE AND AFFIDAVIT OF APPLICANT

I, (Name) _____

born at (City) _____, (State) _____,

(COUNTRY) _____, on (Date of Birth) _____,

having filed an application for admission to limited practice as a Limited Practice Officer in Washington State, hereby apply for a character report to be prepared by the Washington State Limited Practice Board. I further consent to allow the Limited Practice Board to conduct an investigation as to my moral character, professional reputation, and fitness for the limited practice as a Limited Practice Officer under Rule 12 of the Admission to Practice Rules. I further agree to provide additional information which may be required concerning my past record. I understand that the contents of my character report are treated confidentially by the Washington State Limited Practice Board and the Washington State Bar Association.

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to the WSBA and the Limited Practice Board any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize the Limited Practice Board, the WSBA or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize the National Personnel Records Center in St. Louis, MO, or other custodian of my military record to release to the Limited Practice Board and the WSBA information or photocopies from my military record.

I hereby release, discharge and exonerate the Washington State Limited Practice Board, its agents and representatives, the Washington State Bar Association, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by the Washington State Bar Association.

I have read the foregoing document and application and have answered all questions fully and frankly. The answers and statements are complete and are true of my own knowledge.

Signature of Applicant Date

STATE/DISTRICT OF _____

COUNTY/PARISH OF _____

Subscribed and sworn to or affirmed before me this _____ day

of _____, _____
Month Year

Signature of Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.