COMMERCIAL PURPOSE DECLARATION

DECLARATION UNDER PENALTY OF PERJURY

1. I have requested a list of individuals from the Office of the Insurance Commissioner.

2. I am requesting the list of individuals on behalf of:

 \_\_\_\_\_ My own personal behalf (*skip to 3*)

 \_\_\_\_\_ An organization or business (*complete a. – d. before proceeding to 3*)

 a. The name of the organization or business is:

 b. The purpose/mission of the organization or business is:

 c. Organization/business mailing address and website:

d. The organization/business is a professional association or educational organization recognized by the professional licensing or examination board, and the request is for a list of applicants for professional licenses or professional licensees of the subject area of the association organization:

 \_\_\_\_\_ Yes \_\_\_\_\_ No (*If yes, skip questions 3-8 and sign below)*

3. The purpose in making this request for the list of individuals is:

4. I or the organization/business intend to generate revenue or financial benefit from using the list of individuals: \_\_\_\_\_ Yes \_\_\_\_\_ No

5. I or the organization/business intend to solicit money or financial support from any of the individuals on the list: \_\_\_\_\_ Yes \_\_\_\_\_ No

6. I or the organization/business intend to make individuals on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities: \_\_\_\_\_ Yes \_\_\_\_\_ No

7. I or the organization/business intend to supply or sell the list of individuals to any organization or business, third party individual, or other entity: \_\_\_\_\_ Yes \_\_\_\_\_ No

 If yes, to whom:

8. I or my organization/business attest that another law authorizes or directs the agency to provide the list of individuals requested to me or my organization/business:

 \_\_\_\_\_ Yes \_\_\_\_\_ No

 If yes, provide legal citation:

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I certify under penalty of perjury that I have read the information provided with this declaration form and I understand that a list of individuals cannot be provided to me or to my organization or business by a public agency if the list will be used for a commercial purpose. I certify under penalty of perjury that any list of individuals I or my organization or business receive from the Office of the Insurance Commissioner pursuant to your request will not be used for any commercial purpose in violation of RCW 42.56.070(9).

DATED this \_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (day) (month) (city, state)

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Signature of Declarant Print name

Declarant’s title (if any):

Declarant’s contact information: