

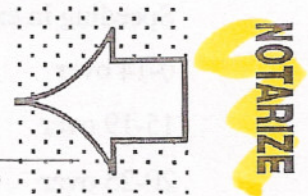
CONFIDENTIAL DISCLOSURE

To comply with the statutory requirements, please provide the following information under oath:

1. Have you been convicted of any crime against children or other persons?
 Yes No
2. Have you been convicted of crimes relating to financial exploitation of a vulnerable adult?
 Yes No
3. Have you been found in any dependency action under RCW 13.34.020(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?
 Yes No
4. Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
 Yes No
5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have financially abused or financially exploited any vulnerable adult?
 Yes No

Dated: _____

Applicant signature (must be notarized)



STATE OF WASHINGTON,

ACKNOWLEDGEMENT

COUNTY OF KING

OF
INDIVIDUAL

I certify that I know of satisfactory assurance that _____ is the person who appeared before me and said person acknowledged that they signed this instrument and acknowledged it to be their free will and voluntary act for the uses and purposes mentioned in the instrument.

Date: _____

Notary Public in and for the
State of Washington, residing at

My appointment expires: _____