BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS
STATE OF WASHINGTON

IN RE: _____

CLAIM NO. _____

DOCKET NO. _____

DECLARATION OF

_____
(Print Name)

I, _____, being over the age of 18 and competent to testify, and
(Print Name)
have personal knowledge of the following:

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❑ Check box if you attach more pages that are part of this declaration.
Number of extra pages _____.

I declare under penalty of perjury under the laws of the state of Washington that the above statement is true and correct to the best of my knowledge.

DATED this _____ day of _____, 20____ in _____, Washington.
(month) (year) (City where signing)

_____
Signature of Declarant

_____
Printed Name of Declarant