

Declaration of Non-Commercial Purpose

This form is for individuals or organizations requesting public records from the Department of Retirement Systems.

Send completed form to:

Email drs.pdr@drs.wa.gov

Fax 360.753.3166

Mail Department of Retirement Systems
Attn: Public Disclosure Officer
PO Box 48380 • Olympia, WA 98504-8380

Requestor Information

Name of Individual Submitting the Request

Mailing Address

City

State

ZIP

Email Address

Phone Number

I am Requesting the List of

☐ On my own personal behalf

☐ On behalf of an organization or business

If you are requesting the list on behalf of an organization or business, complete the following:

Organization or Business Name

Organization or Business Website Address

Organization or Business Purpose

The organization or 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 or organization ☐ Yes ☐ No

Purpose of the Request

The Purpose of Making the Request is

I or the organization/business intend to

- Generate revenue or financial benefit from using the list of individuals, taxpayers and/or persons ☐ Yes ☐ No
- Solicit money or financial support from any of the individuals, taxpayers and/or persons on the list ☐ Yes ☐ No
- Make individuals, taxpayers and/or persons on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities ☐ Yes ☐ No
- Supply or sell the list of individuals, taxpayers and/or persons to another organization or business, third party individual, or other entity ☐ Yes* ☐ No

*If Yes, to whom _____

Signature

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 and I understand that a list of _____ cannot be provided to me, or to my organization/business by the Department of Retirement Systems if the list will be used for a commercial purpose. I certify under penalty of perjury that any list(s) I or my organization/business receive pursuant to this request, will not be used for any commercial purpose in violation of RCW 42.56.070(8), RCW 82.32.330(3)(k), or RCW 19.02.115(3)(g).

Signature

Date

In (City, State)

Printed Name

Title (if any)

