



VOLUNTARY SURRENDER OF OFFICER CERTIFICATION

Pursuant to the Revised Code of Washington (RCW) 43.101.105 a certified officer may surrender their certification. This form must be completed in its entirety prior to submission to certmail@cjtc.wa.gov. Requests for video interviews to prove identity (see Option 2 below) may also be made via email at certmail@cjtc.wa.gov.

I, _____, voluntarily surrender my officer certification issued by the Washington State Criminal Justice Training Commission (WCSJTC). By signing this surrender form, I acknowledge the following:

1. In its sole discretion, the WCSJTC may continue and finalize any pending investigation related to my certification, or, in the alternative, administratively close such investigation.
2. The voluntary surrender of my officer certification may result in revocation without notice and a hearing pursuant to RCW 43.101.105(1) & (3)(l), and I am voluntarily waiving any right I may have had to notice and hearing as provided in RCW 43.101.155(1).
3. This voluntary surrender and any subsequent order revoking my certification will be reported to the National Decertification Index and posted on the WCSJTC's Certification Database as mandated in RCW 43.101.400(4).
4. This voluntary surrender of my officer certification and any records regarding this matter may be subject to release under the provisions of the Public Records Act, RCW 42.56.001 et seq.
5. This voluntary surrender is non-revocable, and any request for recertification must comply with the applicable provisions of RCW Chapter 43.101 and the rules and policies of the WCSJTC.

I am providing proof of my identity in the following form (check one):

- Option 1:** I have scheduled and completed a video interview with the WCSJTC Operations Manager or their designee and answered questions related to identification, including providing at least one form of unexpired, government-issued picture ID.
- Option 2:** My signature on this form was witnessed by an active member of the Washington State Bar Association to whom I am known, and they have executed the witness attestation below.
- Option 3:** I signed this form in front of a Washington state notary and attached a fully-executed notarization form.

Officer Attestation

I hereby attest that I have read and understand the conditions under which I am voluntarily surrendering my officer certification as of the date of signature on this form.

Name:		Email:	
Address:		Phone Number:	

Signature: _____

Signed this _____ day of _____, 20_____, in _____, Washington.

Witness Attestation

Check one: Washington State Bar Association member WCSJTC Operations Manager or their designee

I attest that I am an active member of the Washington State Bar Association in good standing, and that _____, who is known to me, personally signed this Voluntary Surrender of Certification.

Name:		Bar Number:		Phone:	
Address:		Email:			

Signature: _____

Signed this _____ day of _____, 20_____, in _____, Washington.

Notary Public

Signature	
Name:	
Notary Public - State of	
Appointment expiration date:	
County	
State	