



WASHINGTON STATE OFFICE OF THE INSURANCE COMMISSIONER INDEPENDENT REVIEW ORGANIZATION (IRO) ATTESTATION FOR ANNUAL RECERTIFICATION

Applicant's Attestation

Independent Review Organization Name:

WAOIC Number:

"I declare under penalty of perjury under the laws of the State of Washington that I have read and will abide by Chapters 48.43.535 RCW, 48.43.537 RCW and 284.43A WAC and the contents of this application and contents of all attachments are true and correct."

Signature of Company Officer

Printed Full Legal Name

Title

State of)
County of)

Sworn before me this day of , 20 .

Notary Public - My Commission Expires: