



**FIRE PROTECTION BUREAU
 SPRINKLER LICENSING PROGRAM
 PO Box 42600
 Olympia WA 98504-2600
 (360) 596-3914 FAX: (360) 596-3934**



ASSIGNMENT OF ACCOUNT OR TIME DEPOSIT – WASHINGTON STATE BANKS ONLY

Date _____

Washington State Patrol, Fire Protection Bureau, PO Box 42600 in Olympia, WA 98504-2600

Required by the Fire Sprinkler Contractor’s Act Chapter 177, Laws of 1990, ch. 18.160 RCW And Chapter 6, Laws of 1991, 1st Ex. Sess.

This assignment is for the purpose of fulfilling the requirements of RCW 18.160.060. The undersigned does hereby assign, transfer and set over unto the State of Washington all right, title and interest to \$ _____ (_____ Thousand and no/100 dollars) of/from
 Account Number _____ at _____, a bank in the State of
 _____ Washington State Bank
 Washington, with full power of authority to demand, collect and receive the said deposit and to give receipt and acquaintance therefore, for the uses and purposes prescribed by said RCW 18.160.

It is understood and agreed that this bank, _____ holds the said savings account or time
 _____ Washington State Bank
 deposit in its possession and shall hold not less than \$ _____ until a release of this assignment amount is duly received from
 _____ Amount
 the State of Washington – through the Washington State Patrol, Fire Protection Bureau.

It is further understood that this assignment is subject to judgments which may be rendered against _____,
 _____ Sprinkler Contracting Company
 the company securing this bond, and in accordance with the provisions of RCW 18.160.

The deposit shall be released to the State of Washington after 30 days notice on demand and with no other condition of release.

ACCEPTANCE – Completed by bank personnel – The undersigned hereby accepts the forgoing assignment of account or time deposit and agrees to hold the funds until an authorized release is received from the Washington State Patrol, Fire Protection Bureau.

_____	_____	_____	\$ _____
Bank Signature	Printed Name	Account Number	Amount
_____			_____
Bank Complete Address			Phone Number

CONTRACTOR – Completed by the depositor – I hereby enact this assignment/deposit in compliance with R.C.W. 18.160 for a Fire Protection Sprinkler System Contractor’s license.

_____	_____	_____
Signature	Printed Name	Contracting Company

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of the month of _____ of the year _____ .
 _____ date _____ name of month _____ year

_____	_____
<i>Signature of Notary Public</i>	<i>Printed Name of Notary Public</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Complete address and contact information for Notary Public

Seal of the Notary Public