



Northwest Educational Service District
 1601 R Avenue, Anacortes, WA 98221
 (360) 299-4000 • FAX (360) 299-4070

CERTIFICATE OF ESD DISTRICT DIRECTOR

APPOINTED/ELECTED ESD DISTRICT DIRECTOR

Name _____ Mailing Address _____
 Elected by Ballot Appointed to Fill Vacancy
 ESD _____ No. _____ Director District/Position _____
 Director District/Position Formerly Held By _____
 Term Begin Date _____ Term Expiration Year _____
(second Monday in January OR date of appointment)

OATH OF OFFICE

(RCW 28A.310.150)

STATE OF WASHINGTON)
) SS.
 COUNTY OF _____)
 I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of Washington and will faithfully discharge the duties of the office of _____
 _____ Director District/Position _____ according to the best of my ability.
 Signature of elected or appointed official _____
 Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____.
 Signature of official administering oath _____ Title _____

CERTIFICATE OF DIRECTOR'S SIGNATURE

OFFICE OF THE _____ COUNTY AUDITOR
 This is to Certify that the signature which appears below is that of _____ who was appointed/elected to the office _____ No. _____ Director District/Position _____
 Signature of district director _____
 Certified by _____ this _____ day of _____, 20____.
(Signature of ESD Official)

Distribution: Original to County Auditor Copy to Educational Service District