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NOV 27 2019

Office of Professional Practices

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I, Duchante Davis, hereby voluntarily surrender my certificate(s). Certificate # 529879R

I further understand that the Superintendent of Public Instruction will notify other states and public and private school officials within the state of Washington that I have voluntarily surrendered my certificate(s).

- 1. Residency Teacher Certificate No. 529879R
- 2. _____ Certificate No. _____

I agree, if I request reinstatement of the certificate(s) I have voluntarily surrendered, to provide the Superintendent of Public Instruction with an affidavit describing in full the reasons for my voluntary surrender of the certificate(s) listed above.

Dated this 23 day of November, 2019.

Duchante Davis
Printed Name

[Signature]

[Redacted Address]

[Redacted City, State, Zip]

City, State, Zip

SUBSCRIBED AND SWORN to before me this 23 day of Nov, 2019.

[Signature]

Notary Public in and for the state of

WA Residing at Payakump

My commission expires: 03/23/2022

