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MAR 15 2019

VOLUNTARY SURRENDER OF CERTIFICATE(S)

Office of Professional Practices

I, Randy OTT Jr, hereby voluntarily surrender my certificate(s). Certificate # 446633J

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. 446633J
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 11TH day of March, 2019.

Printed Name Randy Ott Jr
Signature _____
Address _____
City, State, Zip _____

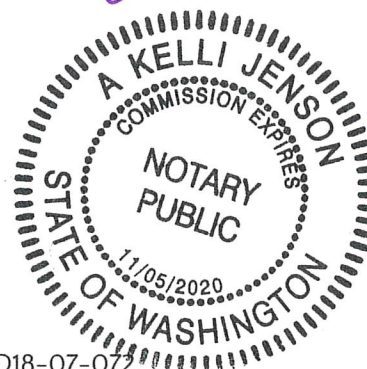
SUBSCRIBED AND SWORN to before me this

day of 11, 20 19

A Kelli Jensen
Notary Public in and for the state of _____

Residing at Spokane, Washington

My commission expires: 11/5/20



EDUCATOR/ OPP# RANDY OTT Jr D18-07-072
CERTIFICATE# 446633J
VOLUNTARY SURRENDER