

Colorado Department of Regulatory Agencies
Division of Registrations
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800

SOCIAL SECURITY NUMBER AFFIDAVIT

AFFIDAVIT OF _____
(Applicant's Name)

I, _____ being first sworn, depose and state the following under oath:

- 1. I am applying for a professional or occupational license or certificate in the State of Colorado for the profession or occupation of _____.
- 2. I do not have a social security number and I am not a resident of the United States nor am I physically present in the United States.
- 3. I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained herein is true and correct to the best of my knowledge.
- 4. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a professional or occupational license or certificate.

Further Affiant Sayeth Naught

Name and Address

Subscribed and sworn to before me on this _____ day of _____, _____.

Notary Public

My Commission expires: _____.