

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

### SOCIAL SECURITY NUMBER AFFIDAVIT

<b>Name:</b> Last:	First:	Middle:	Suffix:
<b>Date of Birth</b> (mm/dd/yyyy):	<b>Daytime Telephone Number:</b> (     )		
<b>Physical Address:</b> (PO Box or Street, City, State or Foreign Country, Zip or Postal Code)			
<b>Mailing Address if different than Physical Address:</b> (PO Box or Street, City, State or Foreign Country, Zip or Postal Code)			

1. I am applying for or renewing a professional or occupational license, certificate or registration in the state of Colorado for the profession or occupation of \_\_\_\_\_. My Colorado license, certificate or registration number is \_\_\_\_\_ (leave blank if this is a new application).
2. I do not have a social security number and (check one of the following)
  - I am not physically present in the United States.
  - I am a non-immigrant in the United States on a student visa.
3. I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the information contained in this affidavit is true and correct to the best of my knowledge. In accordance with 18-8-501(2)(a)(I), C.R.S. false statements made herein are punishable by law and may constitute violation of the practice act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date