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

SOCIAL SECURITY NUMBER AFFIDAVIT

LICENSEE/APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:

Date of Birth (mm/dd/yyyy):	**Daytime Telephone Number: ( )**

Physical Address:	PO Box or Street, City:
	State or Foreign Country, Zip or Postal Code:

Mailing Address: (if different than Physical Address)	PO Box or Street, City:
	State or Foreign Country, Zip or Postal Code:

Profession or Occupation:	**License, Certification, or Registration Number:** (leave blank if this is a new application)

1. I am applying for or renewing a professional or occupational license, certification, or registration in the State of Colorado for the profession or occupation identified above.

2. I do not have a social security number and (check <u>one</u> 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.

   ☐ I am a non-immigrant P-1 individual athlete in the United States on an authorized stay pursuant to Title 8, Section 214.2(p) of the Code of Federal Regulations and Section 214(a)(2)(B) of the Federal Immigration and Nationality Act.

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, certification, registration, or permit.

ATTESTATION

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

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Signature   Date