

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

SOCIAL SECURITY NUMBER AFFIDAVIT

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)			

1. I am applying for a professional or occupational license, certificate, or registration in the State of Colorado for the profession or occupation of _____.
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