STATE OF MAINE
BOARD OF NURSING
158 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0158

Paul R. LePage
GOVERNOR

KIM ESQUIBEL, PhD, M.S.N., R.N.
EXECUTIVE DIRECTOR

DECLARATION OF PRIMARY STATE OF RESIDENCE

Name:_____**Social Security Number**_____

Permanent/Residential Address:

_____
(Apartment #, RR#, Street)

_____
(City, State, and Zip Code)

Mailing address: (If same as above check here _____)

_____
(PO Box, Apartment #, RR#, Street)

_____
(City, State, and Zip Code)

Telephone Number_____**Email address:**_____

( ) Yes ( ) No Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government?

In accordance with Chapter 11 Regulations Relating to the Nurse Licensure Compact Part II, 2.a. of the Nurse Licensure Compact Rules and Regulations, I declare that the State of_____is my primary state of residence and is my legal state of residence.

I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Providing false or misleading information may result in disciplinary action by the Board.

_____ _____
(Signature) **(Date)**

_____
(Print Name)