



Janet T. Mills  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
BOARD OF DENTAL PRACTICE



Joan F. Cohen  
Acting Commissioner

Social Security Number Affidavit

When applying for a license, disclosure of your Social Security Number, *if you have one*, is mandatory under Maine law for purposes of enforcement of child support orders and tax administration.

Applicants for licensure who do not have a Social Security Number issued by the United States Social Security Administration *must* complete this form upload it with their application.

Last Name	First Name	Middle Initial	Suffix
Date of Birth (MM/DD/YYYY)		Individual Taxpayer Identification Number (ITIN) (if applicable)	

☐ I hereby certify that I do not have a Social Security Number and I am ineligible to obtain a Social Security Number because:

☐ I understand that if I obtain a Social Security Number, I have an obligation to provide my Social Security Number to the Office of Professional and Occupational Regulation within 10 days of receipt of my Social Security Number. I understand that disciplinary action against my license could result if I do not provide my Social Security Number.

☐ I hereby certify that the above information is true and accurate. I understand and acknowledge that failure to disclose the requested information or disclosure of false or misleading information may constitute misrepresentation that could result in the denial or nonrenewal of licensure or other disciplinary action up to and including revocation.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

Office Location: 76 Northern Avenue, Gardiner, Maine 04345  
Mailing Address: 143 State House Station, Augusta, Maine 04333  
[www.maine.gov/dental](http://www.maine.gov/dental)