



Janet T. Mills  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL &  
OCCUPATIONAL REGULATION  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Anne L. Head  
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 and mail the original notarized document to the address at the top of this Affidavit.

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

I hereby certify that I do not have a Social Security 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.

Under penalty of perjury, I hereby declare that the above information is true and correct. I understand that failure to disclose the requested information, or disclosure of false or misleading information, may constitute fraud and may result in denial of licensure/renewal of licensure or disciplinary action, up to and including revocation, taken against a license issued to me.

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

\_\_\_\_\_  
Date

Signed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(Seal)