



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)