

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

### SOCIAL SECURITY NUMBER AFFIDAVIT

<b>Name:</b> Last:	First:	Middle:	Suffix:
<b>Date of Birth</b> (mm/dd/yyyy):	<b>Daytime Telephone Number:</b> (     )		
<b>Physical Address:</b> (PO Box or Street, City, State or Foreign Country, Zip or Postal Code)			
<b>Mailing Address if different than Physical Address:</b> (PO Box or Street, City, State or Foreign Country, Zip or Postal Code)			

1. I am applying for or renewing a professional or occupational license, certificate or registration in the state of Colorado for the profession or occupation of \_\_\_\_\_. My Colorado license, certificate or registration number is \_\_\_\_\_ (leave blank if this is a new application).
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.
  - I am a non-immigrant P-1 individual athlete in the United States on an authorized stay pursuant to Title 8, Section 214.2(p) of the Code of Federal Regulations and Section 214(a)(2)(B) of the Federal Immigration and Nationality Act.
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