

Name:

Before the **Oregon Veterinary Medical Examining Board**

Affidavit of Applicant/Licensee

I,____

_____,having been duly sworn (Print Name on above line)

do hereby affirm that:

- 1. I am an applicant for initial or renewal licensure/certification by the Oregon Veterinary Medical Examining Board.
- 2. I understand that I am required by law to provide the Board with my social security number issued by the Social Security Administration.
- 3. I do not now have, nor have I ever had, a social security number.
- 4. I do not have a social security number because I am not required by the laws of the United States to have or obtain a social security number for the following reason(s):
- 5. I understand that if I obtain a social security number after submitting this Affidavit to the Board that I am required to notify the Board of my social security number within 30 days of receiving the number.
- 6. I understand that falsification of this Affidavit is grounds for revoking my license/certificate.

	Applicant/Licensee/Certificate Holder	
	Dated thisday of,20	
Notary Seal	Notary Public	
	My Commission expires:	
		Revised 092022

If you have never had a U.S. Social Security number, please review the enclosed form carefully. It is a legal affidavit. Please complete it, have a Notary Public witness your signature and return the original affidavit to this office.

If you already have a U.S. Social Security number, please either:

- E-mail your Social Security number to the OVMEB office at <u>ovmeb.info@oregon.gov;</u> or,
- Fax a photocopy of your Social Security card to 971-673-0226; or.
- Mail a photocopy of your Social Security card to the Oregon Veterinary Medical Examining Board, 800 NE Oregon St. Suite 407, Portland, Oregon 97232.

If you have questions, please e-mail the Oregon Veterinary Medical Examining Board at ovmeb.info@oregon.gov.