



Oregon
 BOARD OF EXAMINERS
 FOR ENGINEERING &
 LAND SURVEYING

Office Use Only - Date Received:

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Office Use Only - ID #

**ATTESTATION AND REQUEST FOR EXEMPTION
 FROM SOCIAL SECURITY NUMBER REQUIREMENT**

I, _____, attest and certify that I have not been assigned a U.S. Social Security number, and agree that if a U.S. Social Security Number is assigned to me, I will report it to the Oregon State Board of Examiners within 30 days.

I understand that, under Oregon law, providing false information is grounds for denial, suspension, or revocation of registration issued by the Oregon State Board of Examiners for Engineering and Land Surveying.

Signature	Date (Mo/Day/Yr)
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