

Oregon Veterinary Medical Examining Board
800 NE Oregon St. Suite 407 • Portland, OR 97232

Phone: 971-673-0224 • Fax: 971-673-0226 • Website/Verification: www.oregon.gov/ovmeb

Name:	
Oregon V	Before the eterinary Medical Examining Board
Affidavit of Applicant/Lic	ensee
I, (Print Name on ab	,having been duly sworn ove line)
do hereby affirm that:	
Veterinary Medical 2. I understand that I security number is: 3. I do not now have, I do not have a soc the United States to reason(s):	for initial or renewal licensure/certification by the Oregon Examining Board.  I am required by law to provide the Board with my social sued by the Social Security Administration.  In hor have I ever had, a social security number.  I ial security number because I am not required by the laws of the have or obtain a social security number for the following 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:

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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>;
   <u>or</u>,
- 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.