

# SOCIAL SECURITY NUMBER AFFIDAVIT

PLEASE TYPE OR PRINT

Applicants who *do not have* a social security number to submit to the IDFPR *must* complete this form.

1. LAST NAME

FIRST NAME

MIDDLE NAME

2. DATE OF BIRTH

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

3. ADDRESS (STREET, CITY STATE, ZIP, COUNTRY)

Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes, 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Healthcare and Family Services to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification. Please be advised your professional licensure act may also require disclosure of your social security number.

I hereby certify that I do not have a social security number because \_\_\_\_\_

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I understand that in the event I obtain a social security number, I have the obligation to provide the Division of Professional Regulation, in writing, with the social security number within 10 days. My failure to do so may result in disciplinary action against my license.

Under penalty of perjury, I hereby declare that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date