

BEFORE THE OCCUPATIONAL THERAPY LICENSING BOARD  
OF THE STATE OF OREGON

AFFIDAVIT OF APPLICANT

I, \_\_\_\_\_ having been duly sworn do hereby affirm that:

1. I am an applicant for initial licensure by the Oregon Occupational Therapy Licensing 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:

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5. I understand that if I obtain a social security number after submitting this Affidavit to the Board that I agree to notify the Board of my social security number within 21 days of receiving the number.
6. I understand that falsification of this Affidavit is grounds for revoking my license.

\_\_\_\_\_  
Applicant

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Oregon

My Commission Expires: \_\_\_\_\_