



## Social Security Number Affidavit for Licensure

To comply with MCL 338.3434a, an individual applying for licensure is required to provide their Social Security Number (SSN) at the time of application.

If you do not have an SSN, you must provide a reason and complete the attestation below. Please type or print in ink. Complete the affidavit in full and have it signed in the presence of a notary public. Illegible applications will delay processing.

Applicant's First Name	Middle Name	Last Name
Date of Birth (MM/DD/YYYY)	Telephone Number	
Email Address	10-Digit MI Permanent ID/License Number, if applicable	

### Written statement and reason for not having a Social Security Number:

I attest/certify why I do not have an SSN as reflected in my written statement. I further certify the reason I do not have an SSN is true and complete. I hereby affirm that I will provide my SSN to the Michigan Department of Health and Human Services upon receipt. I understand any misrepresentation or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

Applicant Signature	Date
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Subscribed and affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20 \_\_\_\_\_

\_\_\_\_\_  
Notary public, State of Michigan (name) (Seal)