



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157
help@tdlr.texas.gov • www.tdlr.texas.gov

OCCUPATIONAL LICENSE APPLICANT CLAIMING TO HAVE NO SOCIAL SECURITY NUMBER

AFFIANT INFORMATION

Name: _____
Last, First, Middle, Suffix (Jr., Sr., III)

CONTACT INFORMATION

Mailing Address: _____
Number, Street Name, Suite Number/Apartment Number City State Zip Code

Primary Phone: _____ Mobile Phone: (optional) _____
(Area Code) Phone Number (Area Code) Phone Number

IDENTITY CONTACT INFORMATION

Date of Birth: _____ Place of Birth: _____
(mm/day/yyyy) City State Zip Code Country

E-mail: (optional) _____ Driver's License Number/State: _____ / _____
ex: johndoe@gmail.com

CERTIFICATION

As a prerequisite to the issuance of an occupational license by the Texas Department of Licensing and Regulation (department), I certify under penalty of perjury that the above information is true and correct and that I have never been issued or assigned a social security number by the Social Security Administration or any other agency of the federal government of the United States of America. I also authorize full disclosure of any state or federal governmental record concerning the issuance to or use of a social security number by me to any authorized agent of the department, whether said records are of a public, private, or confidential nature. This information will be used to determine my eligibility to receive a license from the department based on the requirement that each individual applicant for an occupational license provide a social security number if one has been issued or assigned to the applicant.

Signature: _____ Date: _____
(mm/day/yyyy)

NOTARIZATION

Subscribed and affirmed or sworn to before me on this _____ day of _____,
20____, in the county of _____, State of Texas.

NOTARY
SEAL

Notary Public in and for the State of Texas