



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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**REQUEST FOR EXEMPTION FROM
SOCIAL SECURITY NUMBER REQUIREMENT**

Title 20, *Delaware Code*, Section 8735(m) requires applicants for a Delaware professional or occupational license, permit, registration or certificate to provide a United States Social Security Number (U.S. SSN). However, the Delaware Division of Professional Regulation may issue a license to an applicant who does not have a SSN *if the applicant submits this form attesting that he or she has not been assigned an SSN*. If a person who has been issued a Delaware license without an SSN is later assigned an SSN, the person must report the SSN to the Delaware Division of Professional Regulation as a requirement for renewal of licensure.

1. Name: _____
Last /Family
First
Middle

2. Mailing Address _____
Street

City
State/Province
Zip/Postal Code

3. Check one:

I am applying for Delaware license as a _____.

I hold a Delaware license as a _____. License Number: _____

4. I certify that I have not been assigned a U.S. Social Security Number. Yes No

5. If a U.S. SSN is assigned to you, do you agree to report the SSN to the Delaware Division of Professional Regulation? Yes No

AFFIDAVIT

I state under penalty of perjury in the second degree, a Class F felony, as defined in 11 *Del C.* §1222, that the information contained herein is true and correct to the best of my knowledge. I understand that under Delaware law, providing false information is grounds for denial, suspension, or revocation of a professional or occupational license, certificate or permit.

I _____, being first sworn, depose and state under oath that
Name
the above information is true.

Signature: _____ **Date:** _____

This form must be notarized below.

SUBSCRIBED AND SWORN TO me before this _____ day of _____, 20____.

Notary Public for the State of _____

My commission Expires: _____