STATE OF DELAWARE

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REQUEST FOR EXEMPTION FROM SOCIAL SECURITY NUMBER REQUIREMENT

INSTRUCTIONS

Section 7 of the Privacy Act of 1974 requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a United States Social Security Number (SSN) (29 *Del. C.* §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 *Del. C.* §2216) and for other lawful purposes. However, the Division 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 license renewal.

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1. Name: _____ _____ _____
   Last /Family   First   Middle

2. Mailing Address: _____
   Street

   _____ _____ _____
   City   State/Province/Country   Zip/Postal Code

3. Check one:

   ☐ I am applying for Delaware licensure as a _____ .

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

4. I certify that I have <u>not</u> 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 the above information is true.

Signature: _____ Date: _____

This form must be notarized below.

State of _____ County of _____

SUBSCRIBED AND SWORN TO me before this _____ day of _____, 2_____

Notary Public _____

SEAL

My commission expires: _____