PLEASE TYPE OR PRINT

AFFIDAVIT FOR RENEWAL APPLICANTS
SOCIAL SECURITY/ITIN NUMBER

Renewal applicants who *do not have* a social security number on file with the Department *must* complete this form.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year
3. ADDRESS STREET, CITY, STATE, ZIP CODE	
4. PROFESSION LICENSE NUMBER	5. MAIDEN OR GIVEN SURNAME
5. EMAIL	

Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes, 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification. Please be advised your professional licensure act may also require disclosure of your social security number.

I hereby certify that I do not have a social security number because _____

_____

_____

_____

_____

I understand that in the event I obtain a social security number, I have the obligation to provide the Division of Professional Regulation, in writing, with the social security number within 10 days. My failure to do so may result in disciplinary action against my license.

IF you have an Individual Taxpayer Identification Number (ITIN) please provide such:

_____

Under penalty of perjury, I hereby declare that the above information is true and correct.

_____ _____

Signature **Date**

Renewal Instructions

To renew your license, you must complete the Affidavit above and return it with your completed Renewal Application Form and a check or money order for the appropriate fee payable to the Department of Financial and Professional Regulation.