

AFFIDAVIT OF _____
(Applicant's Name)

I, _____, being first duly sworn, depose and state the following under oath:

1. I am applying for a professional or occupational certificate, permit or license, or renewal thereof in the State of North Dakota for the profession or occupation of Certified Public Accountant, pursuant to the provisions of the Accountancy Act of 1993 as amended.

2. I do not have a social security number.

3. I agree that I will promptly provide the State Board of Accountancy with any social security number that might be subsequently issued to me.

4. I state under penalty of false statement, a class A misdemeanor, as defined in Section 12.1-11-02 of the North Dakota Century Code, that the information contained herein is true and correct.

5. I understand that under North Dakota law, fraud or deceit in obtaining a certificate, license or permit is grounds for denial, revocation or suspension of the certificate, license or permit, or other disciplinary action against the holder of a certificate, license or permit.

Dated this ____ day of _____, 201_.

Signature of Applicant

STATE OF _____)

) ss.

COUNTY OF _____)

Subscribed, sworn to, and acknowledged before me on this ____ day of _____, 201_.

Notary Public

My commission expires: