

**Affidavit of Moral and Professional Character
(SIGNATURE MUST BE NOTARIZED)**

This portion must be completed by a non-relative and submitted along with your application for licensure.

I, _____, being duly sworn, depose, and state that I reside at _____, in the City of _____, in the County of _____, in the State of _____, in the Country of _____, and am personally acquainted with _____ (Identify applicant by name), and know him/her to be the identical person named in the accompanying application, and he/she is of good moral and professional character.

My relationship with the applicant is or has been as _____.

Print your full name: _____

Print your address: _____

Phone number: _____

Signature: _____ Date: _____

State of _____

County of _____

Subscribed and sworn to (or affirm)
before me on this ____ day of _____, 20____,
by _____,
proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Notary Public