



CANNON BUILDING  
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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.

- Name: \_\_\_\_\_  
Last /Family First Middle
- Mailing Address: \_\_\_\_\_  
Street  
City State/Province/Country Zip/Postal Code
- Check one:  
 I am applying for Delaware licensure as a \_\_\_\_\_.  
 I hold a Delaware license as a \_\_\_\_\_. License Number: \_\_\_\_\_
- I certify that I have not been assigned a U.S. Social Security Number. Yes  No
- 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: \_\_\_\_\_