



COMMISSIONER SID MILLER

Texas Department of Agriculture
Affidavit for Occupational License Applicant
Claiming to Have No Social Security Number

OGC-001

SEC. A	¹ AFFIANT INFORMATION					
	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	First Name	M. I.	Last Name	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> Other _____
SECTION B	¹ PHYSICAL ADDRESS					
	Address			City	State	Zip
	² CONTACT INFORMATION			³ IDENTITY CONFIRMATION INFORMATION		
	Primary Phone () -			Mobile Phone (optional) () -		
	Date of Birth (mm/dd/yyyy) ____/____/____	Place of Birth City	State	Zip	Country	
E-mail (optional)			Driver's License Number/State: _____/____			
SECTION C	¹ CERTIFICATION					
	As a prerequisite to the issuance of an occupational license by the Texas Department of Agriculture (department), I certify under penalty of perjury that the above information is true and correct and that I have never been issued or assigned a social security number by the Social Security Administration or any other agency of the federal government of the United States of America. I also authorize full disclosure of any state or federal governmental record concerning the issuance to or use of a social security number by me to any authorized agent of the department, whether said records are of a public, private, or confidential nature. This information will be used to determine my eligibility to receive a license from the department based on the requirement that each individual applicant for an occupational license provide a social security number if one has been issued or assigned to the applicant.					
	Signature				Date (mm/dd/yyyy) ____/____/____	
SECTION D	¹ NOTARIZATION					
	Subscribed and affirmed or sworn to before me on this ____ day of _____,					NOTARY SEAL
	20____, in the county of _____, State of Texas.					
Notary Public in and for the State of Texas						