



New Jersey Office of the Attorney General

Division of Consumer Affairs

Director's Office

124 Halsey Street, 7th Floor, P.O. Box 45027

Newark, New Jersey 07101

(973) 504-6534



Certification Form for Applicants with no Social Security Number or Individual Taxpayer ID Number

Complete forms should be emailed to the Board or Committee you are applying to.
The email address may be found on your Board or Committee website at www.njconsumeraffairs.gov.

Address: _____
Street City State ZIP code Country

Home phone: _____ Cell phone: _____
(include area code) (include area code)

Email address: _____

License type you are seeking: _____

I, _____
First name Middle name Last name

born on _____ affirm the following:
(Month/Day/Year)

- I have never been issued a Social Security Number;
- I am not eligible for a Social Security Number; **and**
- I have never been issued an Individual Taxpayer Identification Number.

By signing this affidavit, I declare that the above information is true to the best of my knowledge. I am aware that if any of the information provided by me is willfully false, I am subject to punishment.

Applicant signature

Date