



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

OCCUPATIONAL LICENSE APPLICATION CLAIMING TO HAVE NO SOCIAL SECURITY NUMBER

APPLICANT CONTACT INFORMATION

Name:

Last, First, Middle, Suffix (Jr., Sr., III)

Mailing Address:

Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

Primary Phone Number:

(Area Code) Phone Number

Alternate Phone Number: (optional)

(Area Code) Phone Number

IDENTITY CONTACT INFORMATION

Date of Birth:

Month/Day/Year

Place of Birth:

City, State, Zip Code

Country

Email Address: (Optional)

ex: johndoe@gmail.com

Driver's License Number/State:

Number

State

CERTIFICATION

I certify 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 the 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.

My name is: _____ My date of birth is: _____
Last, First, Middle, Suffix (Jr., Sr., III) Month/Day/Year

My address is: _____
Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

I am applying for the following license: _____
Type of license applied for

I declare under penalty of perjury that the above is true and correct.

Executed in: _____
County State

Signature

Date