

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**

**AFFIDAVIT**

1. This affidavit is made based on my own personal knowledge, and I understand the obligation of an oath.
2. I, \_\_\_\_\_, am over 18 years of age.
3. I currently hold an active license as a \_\_\_\_\_ in the state of \_\_\_\_\_ (“Out-of-State License”).
4. I am seeking recognition of my Out-of-State License under the license portability provisions of the Servicemembers Civil Relief Act, 50 USC § 4025a.
5. I have actively used my Out-of-State License within the past two years.
6. My license is in good standing in all licensing jurisdictions.

I certify under the penalties of perjury that the statements above and on any attached document are true, complete, and accurate to the best of my knowledge and belief. I understand that willful misrepresentation of any of the information provided may subject me to civil and/or criminal liability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
Signature of the Notary Public

\_\_\_\_\_  
Date Commission Expires:

\_\_\_\_\_  
Printed Name of Notary Public