



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
PO BOX 2649
HARRISBURG, PENNSYLVANIA 17105

SOCIAL SECURITY NUMBER ATTESTATION

NAME: _____

SOCIAL SECURITY NUMBER: _____

I verify that the Social Security Number provided is a valid United States Social Security Number and is true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

SIGNATURE: _____

DATE: _____