Texas Department of Public Safety
Regulatory Services Division
www.dps.texas.gov

MILITARY OUT-OF-STATE OCCUPATIONAL AFFIDAVIT

APPLICANT'S INFORMATION				
Last name:	**First name:**	**Middle:**		**Suffix:**
Date of birth:	**Driver License/ID #:**	**DL/ID State:**		**DL/ID Expiration:**
Military Status:	☐ Active Duty	☐ Veteran		☐ Active-Duty Spouse
Residence /Physical Address	Address:			
	City:	State:	Zip:	Country:
Mailing Address:	Address:			
	City:	State:	Zip:	Country:

ATTESTATIONS		
	_____	I hereby attest that I am the person described and identified above.
	_____	I hereby attest that the information provided is true, correct and complete.
	_____	I hereby attest and understand the scope of practice for the applicable license in this state and will not perform outside of that scope of practice
	_____	I hereby attest that I, the applicant, am in good standing in each state in which I hold or have held an applicable license

I affirm that the information provided is true and correct, and I understand that this is an official government record and that any false statement made on this document, or any other supplement provided to the Department may result in criminal prosecution.

Printed Name_____ Signature_____

SUBSCRIBED and SWORN TO before me, this _____day of_____, 20_____

STATE OF _____ _____

(STATE WHERE NOTARIZED) NOTARY PUBLIC Signature

COUNTY OF_____ _____

(COUNTY WHERE NOTARIZED) Printed Name of NOTARY PUBLIC (If not on seal)