



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: \_\_\_\_\_