



DECLARATION

	DRIVERS LICENSE NO	STATE ISSUED
NAME		

	STREET	CITY	STATE	ZIP	AREA CODE AND PHONE NUMBER
RESIDENT ADDRESS					

	STREET	CITY	STATE	ZIP	AREA CODE AND PHONE NUMBER
EMPLOYMENT ADDRESS					

STATEMENT

I, _____, on _____, voluntarily give the following declaration to the California Department of Consumer Affairs, Board of Occupational Therapy:

DECLARANT
MONTH
DAY
YEAR

AFFIRMATION

I have read the foregoing declaration and I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct, and, if I am subpoenaed, will so testify in any subsequent administrative and/or judicial proceeding.

Executed on _____, at _____

MONTH DAY YEAR
CITY
COUNTY
STATE

Declarant Signature

Witness Signature

STATEMENT (CONTINUED)

AFFIRMATION

I have read the foregoing declaration and I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct, and, if I am subpoenaed, I will so testify in any subsequent administrative and/or judicial proceeding.

Executed on _____, at _____
 MONTH DAY YEAR CITY COUNTY STATE

Declarant Signature

Witness Signature

STATEMENT (CONTINUED)

AFFIRMATION

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Executed on _____, at _____
 MONTH DAY YEAR CITY COUNTY STATE

Declarant Signature

Witness Signature

STATEMENT (CONTINUED)

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Executed on _____, at _____
MONTH DAY YEAR CITY COUNTY STATE

Declarant Signature

Witness Signature