



## DECLARATION

\_\_\_\_\_  
NAME DRIVERS LICENSE NO STATE ISSUED

\_\_\_\_\_  
RESIDENT ADDRESS STREET CITY STATE ZIP AREA CODE AND PHONE NUMBER

\_\_\_\_\_  
EMPLOYMENT ADDRESS STREET CITY STATE ZIP AREA CODE AND PHONE NUMBER

### STATEMENT

I, \_\_\_\_\_, on \_\_\_\_\_  
DECLARANT MONTH DAY YEAR  
voluntarily give the following declaration to the California Department of Consumer Affairs, Board of Occupational Therapy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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)**

Lined area for the statement content.

**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 \_\_\_\_\_