

This form must be completed entirely. Any applicable attachments must be included as indicated below.

Citizenship / Alien Status Affirmation

NOTARY NOT NEEDED

Instructions: All natural persons fourteen (14) years of age and older, present in the United States, applying for a license with the Oklahoma State Board of Pharmacy are required by 56 O.S. Section 71 to provide the Board with verification of lawful presence in the US by executing the following Affirmation (as authorized by 56 OS Section 71, Subsection G).

I, _____ make affirmation, under penalty of perjury, as follows:
Print your name clearly here

(PLEASE SELECT ONE OF THE FOLLOWING, then sign and date)

_____ **I am a United States Citizen**

_____ **I am a Qualified Alien* under Federal Immigration and Naturalization Act; and,
I am lawfully present in the United States. Complete the following if you are an alien:**

Alien Registration Number: _____

Country of Origin: _____

Date of Birth: _____

U.S. Social Security Number: _____

*When Qualified Alien is selected, the applicant / registrant must attach a legible copy of the front and back of the United States federal work authorization document.

Signature: _____

Date signed: _____