



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL SERVICES**

BUREAU OF LICENSING & CERTIFICATION

**129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9025 1-800-852-3345 Ext. 9025
FAX: 603-271-4782 TDD Access: 1-800-735-2964**

**Jeffrey A. Meyers
Commissioner**

**Dawn M. Touzin
Chief Legal Officer**

Sworn Statement in accordance with RSA 170-E 29-a, III

NAME _____
(LAST) (MAIDEN/ALIAS) (FIRST) (MI)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

DATE OF BIRTH _____ **DRIVER LICENSE NUMBER** _____ **STATE** _____

PROGRAM NAME _____ **PROGRAM LIC. #** _____
(no abbreviations)

I hereby swear that:

- a) I do not have any felony convictions in this or any other state.
- b) I have not been convicted of a sexual assault, assault including simple assault, any other violent crime, abuse, neglect, or any other crime that shows that I may pose a threat to the well-being of children, such as a violent crime or a sexually-related crime against an adult.
- c) I have not had a finding by the Department or any administrative agency in this or any other state for abuse, neglect, or exploitation of children.

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE _____ **DATE** _____
Signed under penalty of unsworn falsification pursuant to NH RSA 641:13

NOTARY'S SIGNATURE _____ **DATE** _____
(Affix Seal) (Comm. Exp.)