

**AFFIDAVIT REGARDING CLEAR AND UNRESTRICTED LICENSURE**

Complete as appropriate

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ ) SS  
OR PROVINCE \_\_\_\_\_ )  
 )  
COUNTRY OF \_\_\_\_\_ )

Affiant (applicant) \_\_\_\_\_  
hereby swear (or affirm) and certify to the American Board of Facial Cosmetic Surgery that I hold  
a clear and unrestricted license in the following political/geographic jurisdictions:

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

Affiant states no more:

\_\_\_\_\_  
Affiant (applicant) Signature

Witness certifies this Affidavit was signed by the above named applicant:

\_\_\_\_\_  
Witness Signature

Date: \_\_\_\_\_, 20\_\_\_\_\_.