



Executive Council of Physical Therapy and Occupational Therapy Examiners

Texas Board of Physical Therapy Examiners
Texas Board of Occupational Therapy Examiners
512/305-6900

333 Guadalupe, Suite 2-510
Austin, Texas 78701-3942
www.ptot.texas.gov

Social Security Number Statement

According to state law, to obtain or renew a license you must furnish your social security number (SSN), or send us this form stating that you have no SSN.

If you have a SSN, complete the information below and mail this form to the address above. Include your license number, if you already have a license, so we can accurately add this information to your file.

If you do not have a SSN, complete the information below and mail this form to the address above.

Name: _____

Address: _____

City, State, Zip: _____

License #: _____

Date: _____

SSN: _____-_____-_____

AFFIDAVIT

I swear that I do not currently have a U.S. Social Security Number, but will furnish this information to the Board when I obtain one.

Print Name: _____

Signature: _____

For office use only

Date Received _____

Processed by: _____