



Affidavit of No Social Security Number

Registry of Motor Vehicles
P.O. Box 55889 • Boston, MA • 02205-5889

A. Instructions/Instrucciones SPANISH/ESPAÑOL

Complete this form if you are applying for a standard Driver's License and do not have a Social Security Number issued to you by the Social Security Administration. This form can only be used if presenting certain identification documents.

This form must be signed in the presence of a notary public or the Registrar's designee at an RMV Service Center.

Complete este formulario si está solicitando una licencia de conducir estándar y no tiene un Número de Seguro Social emitido por la Administración del Seguro Social. Este formulario solo se puede utilizar si se presentan ciertos documentos de identificación.

Este formulario debe firmarse en presencia de un notario público o la persona designada por el Registrador en un Centro de Servicio del RMV

B. Applicant Information, Attestation, and Signature/ Información, Declaración y Firma del Solicitante

Last Name/Apellido	First Name/Primer Nombre	Middle Initial/Inicial de Segundo Nombre	Suffix/Sufijo
Date of Birth (MM/DD/YYYY)/Fecha de Nacimiento (MM/DD/AAAA)			

I certify that I have never been issued a Social Security Number.

Certifico que nunca me han emitido un Número de Seguro Social.

I swear (affirm), under the penalties of perjury, that the information I have provided is true and correct. I am aware that false statements are punishable by fine, imprisonment, or both.

Juro (afirmo), bajo pena de perjurio, que la información que he proporcionado es verdadera y correcta. Soy consciente de que las declaraciones falsas se castigan con una multa, prisión o ambas.

Signature/Firma: _____ Date/Fecha: _____

C. Notary Certification (if not signed in front of Registrar's designee)/ Certificación notarial (si no está firmada frente a la persona designada por el registrador)

On this _____ day of _____, 20_____, before me personally came _____, to me known and known to me to be the person described in and who executed the foregoing instrument and she/he acknowledged to me that she/he executed the same.

Notary Public Signature Notary Public Stamp

Commission Expiration Date: _____

RMV USE ONLY	
<input type="checkbox"/>	This affidavit was notarized.
<input type="checkbox"/>	This affidavit was signed in an RMV Service Center in front of the CSR named below.
Service Center: _____	Date: _____
CSR Name: _____	CSR Signature: _____