

Please complete either Option 1 or Option 2 and return with your application.

Instructions for Required Affidavit:

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma State Board of Pharmacy are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Board with verification of lawful presence in the United States by executing one of the Affidavits below before a notary public or other officer authorized to notarize affidavits under State law. The Board's office is staffed with notaries who are available to provide notary service at no cost to applicants.

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

OPTION 1 - VERIFICATION OF CITIZENSHIP

[PLEASE PRINT CLEARLY – ALL BLANKS MUST BE COMPLETED]

Affidavit of

**COMPLETE
OPTION 1 IF YOU
ARE A US CITIZEN**

[Applicant's Name – (First, Middle, Last)]

STATE OF _____)

COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon oath
[Applicant's Name]

states, under penalty of perjury, as follows:

I am a United States Citizen.

[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____,
20____, by _____.
[Applicant's Name]

NOTARY

My Commission Expires: _____

(Seal)

OPTION 2 - AFFIDAVIT VERIFYING QUALIFIED ALIEN STATUS

[PLEASE PRINT CLEARLY – ALL BLANKS MUST BE COMPLETED]

COMPLETE
OPTION 2 IF YOU
ARE AN ALIEN

Affidavit of:

Applicant's Name [First, Middle, Last]

Alien Registration Number or Form I-94 or Form I-20 Number ★

Nationality [Country of Origin]

Date of Birth [mm/dd/yyyy]

U.S. Social Security Number

STATE OF _____)
COUNTY OF _____)

★ APPLICANT MUST ATTACH A COPY OF THE FRONT AND BACK OF THE FEDERAL DOCUMENT THAT ENTITLES THEM TO WORK IN THE USA. STUDENTS NOT GAINFULLY EMPLOYED MUST ATTACH FRONT & BACK COPY OF YOUR CURRENT I-94 OR I-20, WHICHEVER IS APPROPRIATE. ALL COPIES MUST BE LEGIBLE.

_____, of lawful age, being first duly sworn, upon oath
[Applicant's Name]

states, under penalty of perjury, as follows:

I am NOT a United States citizen. I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____,
20____, by _____.
[Applicant's Name]

NOTARY

My Commission Expires: _____
(Seal)