

**CONFIDENTIAL PAGE**

NAME: \_\_\_\_\_

PHYSICAL HOME ADDRESS: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Code

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PERSONAL E-MAIL: \_\_\_\_\_

**PRIVACY NOTICE**

The Board of Licensing for Alcohol and Other Drug Use Professionals will deny licensure if you do not submit your social security number (SSN). Your license will not display your SSN nor will your SSN be made available to the public. The Board is required to obtain your SSN for the purpose of child support enforcement in compliance with RSA 161-B:11 and for the purpose of obtaining a criminal history record in compliance with RSA 330-C:20. This collection of your SSN is mandatory.

SOCIAL SECURITY NUMBER: \_\_\_\_\_