

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
 STATE OF NEW HAMPSHIRE
 7 Eagle Square
 Concord, N.H. 03301
 Telephone 603-271-2152

APPLICATION FOR TEMPORARY LICENSE FOR ACTIVE MILITARY AND SPOUSES

Date Application for Initial Licensure Filed/Anticipated to be Filed (MM/DD/YYYY): _____

Profession for which application has been/will be filed: _____

Applicant Information:

Full Legal Name: _____
Suffix, if any

Other name(s) under which applicant holds or has held a professional license: _____

Date of birth (MM/DD/YYYY): _____ Social Security Number*: _____

*The OPLC is required by law to ask for your social security number. The number will be held confidential by the OPLC and used only for enforcement of the laws governing child support. (42 USC 666(a)(13); RSA 161-B:11, VI-a)

Home Physical Address: _____
Street name & number, Apt. # if any Municipality County State Zip Code Country if not US

Home Mailing Address: Check if same as physical address

IF DIFFERENT: _____
Street name & number or PO Box number Town/City State Zip Code Country

Home/Personal Telephone Number: () - _____

Designated email address*: _____

* Email address to which notices, license will be sent

Applicant is: On active military duty **OR** Spouse of individual on active military duty

Information on Active Licenses* Held in Other Jurisdiction(s):

Jurisdiction	License Number	Date of Most Recent Licensure	License Status (Active, Expired, Suspended, Revoked, Denied Renewal)

* Includes licenses, certificates, registrations, or other form of approval required to practice your profession

Disclosure of Personal Contact Information:

Do you consent to the disclosure of any of your personal contact information? Check applicable column for each item:

Information	Yes, I consent to disclosure	No, do not disclose
Home or other personal telephone number		
Designated email address		
Home address		
Home mailing address (if different from home address)		

Documentation:

Applicants must provide:

- For an applicant who is on active military duty, confirmation of military status obtained as provided in Plc 304.04(e);
- For an applicant who is the spouse of an individual on active military duty, a copy of the applicant's spouse's confirmation of military status and proof of marriage as provided in Plc 304.04(f);
- For all applicants, proof of licensure in a state or territory of the U.S. that:
 - (1) Identifies the applicant by name; and

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(2) Clearly shows that the applicant is authorized to practice the occupation or profession in that jurisdiction; and

- For all applicants, a **notarized affidavit** affirming, under penalty of law, that:

- (1) The applicant is the individual described and identified in the application;
- (2) All statements made on the application are true and correct and complete;
- (3) The applicant has read and understands the requirements for licensure and attests that those requirements are met; and
- (4) The applicant is in good standing in all jurisdictions in which the applicant holds or has held a license.

Fee:

NONE