

## GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF MOTOR VEHICLES



## SOCIAL SECURITY NUMBER DECLARATION FOR LIMITED PURPOSE CREDENTIAL

Last Name	First Name	Middle Name	Date of Birth

I certify that I have not been assigned a social security number, have been assigned a social security number but cannot establish legal presence in the United States at the time of application or, I am ineligible to obtain a social security number.

Any person using a fictitious name or address and knowingly making any false statement on this application is in violation of DC Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code §22-2405)			
I hereby certify that the information contained on this application is true and correct.			
Applicant's Signature:	Date:		
FOR DMV OFFICIAL USE ONLY			
DMV Examiner Signature:	DATE:		

Visit our website: <a href="www.dmv.dc.gov">www.dmv.dc.gov</a> or call 311 in DC or 202-737-4404 for additional information.

To report waste, fraud, or abuse by any DC Government Agency or official, call the Office of the DC Inspector General at 1-800-521-1639.

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