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**Commonwealth of Massachusetts**  
**Division of Professional Licensure**

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**LAYLA R. D'EMILIA**  
COMMISSIONER, DIVISION OF  
PROFESSIONAL LICENSURE

**DIVISION OF PROFESSIONAL LICENSURE**  
**ACTIVE MILITARY AFFIDAVIT**

I, \_\_\_\_\_, do hereby certify under the pains and penalties of perjury that I am engaged in the active service of the armed forces as defined in M.G.L. c. 4, § 7, cl. 43. Upon my discharge from active military duty, I will notify the Division of Professional Licensure in writing of my discharge, and will include a copy of my Report of Separation (DD-214).

Attached hereto are a copy of my military identification card and a copy of my military orders.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Name:

*Please provide the name of the board of registration and license type for which you are applying.*

\_\_\_\_\_  
Board of Registration:

\_\_\_\_\_  
License Type:

*If you are currently licensed, please provide the following information:*

\_\_\_\_\_  
Board of Registration:

\_\_\_\_\_  
License Number:

