



The Commonwealth of Massachusetts  
**Division of Occupational Licensure**  
1 Federal Street, Suite 0600 • Boston, MA 02110-2012

**MILITARY SPOUSE AFFIDAVIT**

I, \_\_\_\_\_, do hereby state under the pains and penalties of perjury:  
(Printed Name)

- (1) that I am a licensed professional certified or licensed in a state other than the Commonwealth of Massachusetts;
- (2) that my certification or license is current and in good standing;
- (3) that no disciplinary action has been taken, or to my knowledge is pending, against my certification or license;
- (4) that my spouse is a member of the armed forces of the United States;
- (5) that my spouse is the subject of a military transfer to the Commonwealth of Massachusetts; and
- (6) that I left employment in another state to accompany my spouse to the Commonwealth of Massachusetts.

Attached hereto are a copy of my military identification card and a copy of my spouse's transfer orders.

I understand that I may need to provide the Division of Professional Licensure with additional documents in support of my application.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Date

**VETERAN**

A veteran also will receive the benefits of the Valor Act. Veterans are required to submit a copy of the Report of Separation document (DD-214) to be identified for these benefits.