

New Jersey State Department of Education  
Office of Licensure and Credentials

**NON-CITIZEN AFFIDAVIT OF INTENT TO BECOME A CITIZEN**

**IMPORANT: This form is to be completed by only those individuals who are not U.S. citizens.**

**A. Basic Information** Please print your name as it appears on any documentation that you are required to submit

Last Name	First Name	Middle Name or Initial	
Street Address			
City	State	Zip	
Social Security Number	Date of Birth: Month	Day	Year
Email Address	Phone Number Including Area Code		

**B. Oath of intent to become a citizen of the United States**

I, \_\_\_\_\_, being of adult age and duly sworn upon my oath do depose (or hereby affirm) and say that:

- a) I make this affidavit to clarify my citizenship status in order to be eligible for licensure by the New Jersey State Board of Examiners.
- b) I seek licensure for employment as a \_\_\_\_\_.
- c) I am currently a citizen of \_\_\_\_\_.
- d) I intend to become a citizen of the United States within the next five (5) years. I expect to become a United States citizen by \_\_\_\_\_.
- e) I understand that if I do not become a United States citizen within the next five (5) years, the certificate will not be eligible for renewal again.
- f) My current status in this country is that of \_\_\_\_\_.

**C. Certification** Failure to complete these items will result in rejection of the candidate's application for certification.

Have you ever had a certificate revoked or suspended in this or any state? If yes, enclose a statement indicating the action taken and provide the pertinent details.	Circle whichever applies
	Yes No
Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details.	Circle whichever applies
	Yes No

**D. Verification of Accuracy:** I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Seal \_\_\_\_\_ Notary Signature \_\_\_\_\_

Once completed, mail the form to:

New Jersey State Department of Education  
Office of Licensure and Credentials  
P.O. Box 500  
Trenton, New Jersey 08625-0500

Attention: Non-Citizen Affidavit of Intent

Filename and Path and Revision Date