

Affidavit of Practice Have Practiced

I, _____ certify under penalty of perjury that since my license # _____ - _____ expired on ____/____/____ **I have been practicing** Cosmetic Laser Procedures in the state of Arizona. My most recent employer:

Date From: _____

Date To: _____

NAME

ADDRESS

CITY, STATE ZIP

PHONE NUMBER

SUPERVISOR

SUPERVISOR'S PHONE NUMBER

I, _____ (type or print name), do solemnly swear or affirm that the foregoing information completed by me, or submitted by or for me, is true, complete and correct to the best of my knowledge. Furthermore, should any part of the information herein provided prove to be false, it shall be just cause for the revocation of any Certificate issued by the Arizona Radiation Regulatory Agency

NOTARY PUBLIC

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this ____ day of _____ 20____

DATE

Notary Public

My commission expires: _____