

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 only two renewals of my non-citizen certificate are possible, for five years each, and that each renewal depends on demonstrating that my application for United States citizenship is in process.
  - 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.	<b>Circle whichever applies</b> 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.	<b>Circle whichever applies</b> 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
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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