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Indicate all jurisdiction(s) where you have been licensed:

Jurisdiction _____	License number _____
Jurisdiction _____	License number _____
Jurisdiction _____	License number _____
Jurisdiction _____	License number _____
Jurisdiction _____	License number _____
Jurisdiction _____	License number _____
Jurisdiction _____	License number _____
Jurisdiction _____	License number _____

Be sure to complete and forward a Form 3 to these jurisdictions.

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**ATTESTATION**

I understand that such limited permit, if approved, shall be valid for a period of not more than 12 months, or until ten days after notification of failure of the professional licensing examination or until the results of a licensing examination for which I am eligible are officially released, whichever comes first.

I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, my application may be cause for denial of permit and licensure and may result in criminal prosecution.

\_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Applicant signature* *mo. day. yr.*

**Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, P.O. Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.**