

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

BOARD OF REGISTERED NURSING





NOTIFICATION OF SOCIAL SECURITY NUMBER CHANGE

The California Department of Consumer Affairs may recognize a change of Social Security Number (SSN) by an applicant or licensee if that number is now his or her legal SSN for all purposes and if the change is not made for fraudulent purposes and is not misleading to the public.

Important Submission Information: Submission of this form will serve as a notification of change of Social Security Number on the BreEZe system. <u>Incomplete packets will not be accepted</u>

SECTION A: SSN INFORMATION		
Number Submitted with Original Application	New SSN or ITIN	Reason for Change
Full Name		
License/Entity Number		Date of Birth (MM/DD/YYYY)
SECTION B: DOCUMENTATION REQUIREMENTS AND OPTIONS		
You must submit photocopies or electronic copies of the following <u>TWO</u> required documents:		
A current government issued photographic identification (e.g., driver license, alien registration, passport, etc.)		ID A copy of your current Social Security Card <u>OR</u> Individual Taxpayer Identification Number (ITIN) documents
SECTION C: PERSONAL ATTESTATION		
I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license by the Department of Consumer Affairs or submitted an application.		
I hereby certify that the Social Security Number change is not made for fraudulent purposes.		
X		Date