AFFIDAVIT REGARDING CLEAR AND UNRESTRICTED LICENSURE

Complete as appro	opriate			
STATE OF)		
COUNTY OF)	S) S
COUNTRY OF))
Affiant (applicant)	(insert ap	pplicant name)		
	vorn hereby certify t ricted license in the			of Hair Restoration Surgery that I hold
Affiant states no m	nore:			
		Affiant (applicar	nt) Sig	nature
Witness certifies the	his affidavit was sig	gned by the abov	ve nar	med applicant:
Witness Signature			Date:_	,20

C:\Users\Lou Amico\Desktop\ABHRS_Edits\Affidavit Regarding Clear and Unrestricted Licensure Form.docx