

**AFFIDAVIT REGARDING CLEAR AND UNRESTRICTED LICENSURE**

Complete as appropriate

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss  
COUNTRY OF \_\_\_\_\_ )

Affiant (applicant) \_\_\_\_\_  
(insert applicant name)

upon oath, duly sworn hereby certify to the American Board of Hair Restoration Surgery that I hold a clear and unrestricted license in the following state(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affiant states no more:

\_\_\_\_\_  
Affiant (applicant) Signature

Witness certifies this affidavit was signed by the above named applicant:

\_\_\_\_\_  
Witness Signature

Date: \_\_\_\_\_, 20\_\_\_\_