## AFFIDAVIT REGARDING CLEAR AND UNRESTRICTED LICENSURE

Complete as appropriate	
STATE OF)	
) COUNTRY OF)	
Affiant (applicant)	
upon oath, duly sworn hereby certify to the American Board of Hair Restorat hold a clear and unrestricted license in the following state(s):	ion Surgery that I
Affiant states no more:	
Afficient (applicant) Signature	
Affiant (applicant) Signature	
Witness certifies this affidavit was signed by the above named applicant:	
Date:,20	
Witness Signature	
1.\ABHRS\Website\Important Documents\Affidavit Regarding Clear and Linestricted Licensure Form docy	

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