



WV Bureau for Behavioral Health & Health Facilities: DUI Unit's Non-West Virginia Residency Statement

I, _____, do hereby attest to the following facts concerning my residency.

1. On _____ I became a (circle one) resident,
(Month/Day/Year)
employee, active military, or student in the State of _____,
where I intend to fulfill my DUI Safety and Treatment requirements.

2. My current address is: _____

City State Zip Code

3. My date of birth is: _____
(Month/Day/Year)

4. My Social Security Number (SSN) is: _____

THE AFFIANT DOES HEREBY SWEAR AND ATTEST THAT THE AFORMENTIONED STATEMENTS ARE TRUE AND ACCURATE UNDER THE PENAL TIES OF PERJURY.

SIGNATURE: _____

DATE: _____

[NOTE: STATEMENT MUST BE NOTARIZED OR WILL BE DENIED]

The foregoing Statement was subscribed and affirmed before the undersigned authority

this ____ day of _____, _____.
[month] [year]

NOTARY PUBLIC SIGNATURE [affix Notarial Seal in area to right]

My Commission Expires: _____