

## AFFIDAVIT OF

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

I, \_\_\_\_\_, state and aver as follows:

1. I reside at \_\_\_\_\_.
2. I hold the following degree/title (if any): \_\_\_\_\_.
3. I submit this Affidavit in support of the application of \_\_\_\_\_ (the ***Applicant***) for Minnesota state licensure as a veterinary technician.
4. I have known the Applicant since \_\_\_\_\_.
5. The nature of our relationship is  
☐ personal  
☐ professional  
(check either or both as applicable)

and I have known the Applicant under the following circumstances:

6. I have personally observed and know the Applicant to be a person of good moral character who demonstrates an unwavering commitment to high ethical standards.

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
[Type Affiant's Name]

Subscribed and sworn to before me on this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_,  
a person known to me or whose identity I have  
verified.

\_\_\_\_\_  
Notary Public

My commission expires:

[seal]