

AFFIDAVIT OF

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]