DEPARTMENT OF CONSUMER AFFAIRS • BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

RESPIRATORY CARE BOARD OF CALIFORNIA

3750 Rosin Court, Suite 100, Sacramento, CA 95834

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DECLARATION

NAME _____ DRIVERS LICENSE or ID CARD NUMBER _____ STATE ISSUED _____

RESIDENT ADDRESS _____ AREA CODE & PHONE NUMBER _____

EMPLOYMENT NAME & ADDRESS _____ AREA CODE & PHONE NUMBER _____

I, _____ (DECLARANT) on _____ (MONTH DAY YEAR)

voluntarily give the following declaration to the California Department of Consumer Affairs, Respiratory Care Board:

I have read the foregoing declaration and I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct, and, if I am subpoenaed, I will so testify in any subsequent Administrative and/or judicial proceeding.

Executed on _____ (MONTH DAY YEAR) at _____ (CITY COUNTY STATE)

Declarant Signature _____ Witness Signature _____

STATEMENT (continued)

AFFIRMATION

I have read the foregoing declaration and I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct, and, if I am subpoenaed, I will so testify in any subsequent Administrative and/or judicial proceeding.

Executed on _____ at _____

MONTH DAY YEAR CITY COUNTY STATE

Declarant Signature

Witness Signature