

AFFIDAVIT OF

Name of person attesting to the applicant's good moral character.

STATE OF _____)
COUNTY OF _____)ss Notary will complete.

Full legal name

I, _____, state and aver as follows:

- 1. I reside at _____ Home address DVM/CVT, etc.
2. I hold the following degree/title (if any): _____ Legal name of applicant
3. I submit this Affidavit in support of the application of _____ (the Applicant) for Minnesota state licensure as a veterinary technician. year you met applicant
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:

Applicant is a CVT

I have known them in this capacity.

Elaborate any specifics of trustworthiness, reliability, and other statements relating to good moral character.

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

s Name]

Subscribed and sworn
____ day of _____

a person known to me
verified.

Notary Public
My commission expires

[seal]



**Sign this
document in
front of a notary
public.**