

AFFIDAVIT OF

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

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

I, Full legal name, state and aver as follows:

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

She/he is a CVT

**I have known them in
this capacity.**

Elaborate any specifics.

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 to
____ day of _____

a person known to me and
verified.

Notary Public
My commission expires _____

[seal]



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