

New Jersey State Department of Education  
Office of Licensure and Credentials

**NON-CITIZEN CERTIFICATE RENEWAL REQUEST /  
AFFIDAVIT OF INTENT TO BECOME A CITIZEN**

**IMPORANT: This form is to be completed by only those individuals who are not U.S. citizens.**

**A. Basic Information** Please print your name as it appears on any documentation that you are required to submit

Last Name First Name Middle Name or Initial

Street Address

City State Zip

Social Security Number Date of Birth: Month Day Year

Email Address Phone Number Including Area Code

*Endorsement Information. Please enter the code and print the name of the endorsement for which you or applying on the line below*

Code Name of Endorsement

**B. Oath of intent to become a citizen of the United States**

I, \_\_\_\_\_, being of adult age and duly sworn upon my oath do depose (or hereby affirm) and say that:

- I make this affidavit to clarify my citizenship status in order to be eligible for licensure by the New Jersey State Board of Examiners.
- I seek licensure for employment as a \_\_\_\_\_.
- I am currently a citizen of \_\_\_\_\_.
- I intend to become a citizen of the United States within the next five (5) years. I expect to become a United States citizen by \_\_\_\_\_.
- I understand that only two renewals of my non-citizen certificate are possible, for five years each, and that each renewal depends on demonstrating that my application for United States citizenship is in process.
- My current status in this country is that of \_\_\_\_\_.

**C. Certification** Failure to complete these items will result in rejection of the candidate's application for certification.

Have you ever had a certificate revoked or suspended in this or any state? Circle whichever applies  
If yes, enclose a statement indicating the action taken and provide the pertinent details. Yes No

Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details. Circle whichever applies  
Yes No

**D. Verification of Accuracy:** I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink) Date

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Seal

Notary Signature  
\_\_\_\_\_

Once completed, mail the form to: New Jersey State Department of Education  
Office of Licensure and Credentials  
P.O. Box 500  
Trenton, New Jersey 08625-0500  
Attention: Non-Citizen Renewal Request / Affidavit of Intent  
**\*\*Please include the renewal fee of \$95 when mailing back this form**