

OFFICE USE ONLY
☐ NYS LICENSE
 ISSUE DATE:

☐ RPS
☐ VOTER REG
☐ MAIL

	N.Y.	
City/Town	State	Zip Code

(8) PREVIOUS ADDRESSES: (If you have lived at the residential address above less than one year.)

Certificate Issued () Certificate Not Issued ()
Number of Months _____
Date: _____ By _____

Document: Application and Affidavit (Affirmation) for Certificate of Residence- 2/2023