**SURGICAL ASSISTANT LICENSE APPLICATION**

The medical board protects consumers through a comprehensive review of each applicant’s competency, professional conduct, and physical and mental ability to safely engage in practice as a surgical assistant.

An applicant who provides false information or a false response to any of the questions is subject to denial of licensure and being reported to the appropriate data banks.

The following information is provided to assist you in the application process:

1. Please visit the board’s website at [www.tmb.state.tx.us](http://www.tmb.state.tx.us) and review the board’s rules and policies. It is your responsibility to review the rules under Chapter 184, as well as Chapter 206 of the Occupations Code, before signing the Applicant’s Oath. These can be found under the Rules & Guidelines on the board’s website. Eligibility for licensure in Texas is set out in the board’s rules. Review the eligibility checklist available on the board’s website at, [http://www.tmb.state.tx.us/page/surgical-assistant-licensure-getting-started](http://www.tmb.state.tx.us/page/surgical-assistant-licensure-getting-started).

2. Complete all of the information on the Application for Surgical Assistant License, the Work Experience form, and the top portion on the Performance Evaluation form. Please type or print clearly.

3. Submit the **$315.00 licensure fee** in the form of a personal check, cashier’s check or money order payable to the Texas Medical Board.

4. Applications are reviewed in the order of receipt.

5. Communication from Board staff regarding licensure applications are primarily via email. Please include a valid, legible email address on your application.

6. Temporary licensure is available for applicants whose files have been determined to be complete. Should you wish to apply for one, please submit the Temporary License Affidavit along with a Temporary License fee. The Temporary License fee is $50 and should be sent in the form of a personal check, cashier’s check or money order payable to the Texas Medical Board. The temporary license will not be issued until your application is complete in every detail. The Temporary License will **not** have a number associated with it.

7. The board awards licenses at its regularly scheduled board meetings. Dates of the medical board meetings are located on the board’s website at [www.tmb.state.tx.us](http://www.tmb.state.tx.us). At the time that your application is determined to be complete, you will be informed of the dates of the board meeting at which your application will be considered. In most instances you will not be asked to attend the board meeting.

8. Questions regarding licensure should be directed to staff via email at screen-cic@tmb.state.tx.us or by phone at 1-512-305-7130. Please visit the board’s website and review the board’s rules and policies prior to contacting the board.
## APPLICATION
FOR SURGICAL ASSISTANT LICENSE
Texas Medical Board
P.O. Box 2029
Austin, Texas 78768-2029

### 1. NAME:
Last  First  Middle  Suffix (Jr. II, III)

### 2. CURRENT ADDRESS:
(street, city, state, zip)  It is YOUR responsibility to notify the Board in writing if you have a change of address.

### 3. E-MAIL ADDRESS:

### 4. SOCIAL SECURITY NUMBER:

### 5. DATE OF BIRTH:
(month, day, year)

### 6. TELEPHONE:
Home (  )  Work (  )  Cell (  )

### 7. SEX:
- MALE
- FEMALE

### 8. CITIZENSHIP:
- U.S. Native
- U.S. Naturalized
- Other (specify)

### 9. ETHNIC ORIGIN:
(circle)
- 1. White
- 2. Black
- 3. Hispanic
- 4. Asian or Pacific Islander
- 5. American Indian or Alaskan Native

### 10. POST-SECONDARY EDUCATION:
<table>
<thead>
<tr>
<th>Name and Location of School (after high school)</th>
<th>Dates Attended</th>
<th>Date Graduated</th>
<th>Type of Diploma or Degree Completed</th>
<th>Fields of Study</th>
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### 11. EDUCATIONAL PROGRAM:
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<tr>
<th>Name &amp; Address of Institution</th>
<th>Program (Surgical Assistant / Medical School / RN First Asst / Surgical PA)</th>
<th>Begin (mo./yr)</th>
<th>End (mo./yr)</th>
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### 12. EXAMINATION:
Name of Examination  Date of Examination

ABS A  (American Board of Surgical Assistants)

NBSTSA  (National Board of Surgical Technology and Surgical Assisting)  CST/CFA Exam

NSAA  (National Surgical Assistant Association)

Other:

### 13. CURRENT NATIONAL BOARD CERTIFICATION:
Date of Certification  Date of Expiration

ABS A  (American Board of Surgical Assistants)

NBSTSA  (National Board of Surgical Technology and Surgical Assisting)  CST/CFA Certification

NSAA  (National Surgical Assistant Association)

Other:

### 14. LICENSE, REGISTRATION OR CERTIFICATION IN ANOTHER STATE:
(as any health care professional)

<table>
<thead>
<tr>
<th>Number</th>
<th>Year</th>
<th>Current</th>
<th>Yes</th>
<th>No</th>
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</table>
AN APPLICANT WHO PROVIDES A FALSE RESPONSE TO ANY OF THESE QUESTIONS IS SUBJECT TO DENIAL OF LICENSURE AND BEING REPORTED TO THE APPROPRIATE DATA BANKS.

1. Have you ever been arrested?  ____Yes  ____No

2. Have you ever been cited or ticketed for, or charged with any violation of the law? (Unless the offense involved alcohol or drugs, you may exclude: 1) traffic tickets; and, 2) violations with fines of $250 or less.)  ____Yes  ____No

3. Are you currently the subject of a grand jury or criminal investigation?  ____Yes  ____No

4. Have you ever been convicted of an offense, placed on probation, or granted deferred adjudication or any other type of pretrial diversion? (Unless the offense involved alcohol or drugs, you may exclude: 1) traffic tickets; and, 2) violations with fines of $250 or less.)  ____Yes  ____No

5. Including the incidents above, have you ever been convicted of, or received deferred adjudication for, a felony, a Class A or Class B misdemeanor for:
   (a) a violation relating to Medicare, Medicaid or insurance fraud?  ____Yes  ____No
   (b) a violation of the Texas Controlled Substance Act or intoxication or alcoholic beverage offense?  ____Yes  ____No
   (c) a violation relating to sexual or assaultive offense?  ____Yes  ____No
   (d) a violation relating to tax fraud or evasion?  ____Yes  ____No

If you answer “Yes” to any of the above questions you must submit a Form R/Surgical Assistant and all documents relevant to each incident along with your application.

6. Have you ever withdrawn an application for a professional license, permit or certification as a healthcare professional, or have you been determined ineligible for a professional license, permit or certification as a healthcare professional?  ____Yes  ____No

7. Have you ever had limitations placed on a professional license, been disciplined, or allowed to resign or voluntarily surrender your license in lieu of action by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country? (This would include, but is not limited to, informal or confidential orders; consent orders; agreed orders; letters of warning; letters of education; or letters of concern.)  ____Yes  ____No

8. Have you ever been the subject of an investigation based on any complaints, inquiries, grievances, formal or informal charges filed (regardless of the outcome) or are there any pending with or by any state, province, territory, US federal jurisdiction, country?  ____Yes  ____No

9. Are there now pending any investigations, complaints, inquiries, grievances or formal or informal charges with or by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country?  ____Yes  ____No

10. Have you ever had restrictions placed on, been denied, or required to surrender a federal or state controlled substance permit?  ____Yes  ____No

If you answer “Yes” to any of the above questions you must submit a Form S/Surgical Assistant and all documents relevant to each incident along with your application.

For this section, an “academic program” is defined to include any of the following: undergraduate education; professional education such as medical, PA, acupuncture school, or other professional education required for licensure; or post-graduate education.

11. Has an academic program, health care entity or professional organization ever taken against you, through either oral or written communication, any of the following public or private actions:
   • limitation, reduction, suspension, revocation or denial of privileges?  ____Yes  ____No
   • warning, censure, reprimand, or formal admonishment?  ____Yes  ____No
   • additional limitations or requirements placed on you based on your clinical performance, academic performance, discipline, or for any other reason?  ____Yes  ____No
   • placement on academic or disciplinary probation?  ____Yes  ____No
   • request of termination, withdrawal or resignation?  ____Yes  ____No
   • acceptance of voluntary resignation in lieu of further investigations or other action?  ____Yes  ____No

12. Are any such actions listed in question 11 pending?  ____Yes  ____No
13. Are you currently under investigation by any academic program, health care entity or professional organization?  
____Yes  ____No  

If you answer “Yes” to any of the above questions you must submit a Form U/Surgical Assistant and all documents relevant to each incident along with your application.

14. Has a complaint ever been filed against you in a court (i.e., a lawsuit) seeking damages relating to your conduct in providing or failing to provide a medical or health care service?  ____Yes  ____No  

15. Has there been: (a) a settlement of a claim without the filing of a lawsuit, or (b) a settlement of a lawsuit made by you or on your behalf involving damages relating to your conduct in providing or failing to provide a medical or health care service?  ____Yes  ____No  

16. While serving in the U.S. military or the Public Health Service, or while employed, contracted or privileged by a federal facility was a complaint filed in court (i.e., a lawsuit) seeking damages relating to your conduct in providing or failing to provide a medical or health care service?  ____Yes  ____No  

If you answer “Yes” to either of the above questions you must submit a Form V/Surgical Assistant and all documents relevant to each incident along with your application and have your Insurance carrier complete Form I/Surgical Assistant.

17. Within the past 5 years have you abused or have you been addicted to alcohol or drugs or have you been treated for alcohol or other substance abuse or dependency?  ____Yes  ____No  

18. Within the past five (5) years, have you been diagnosed with or have you been treated for any of the following: schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, personality disorder, or any other mental condition which impaired your behavior, judgment, or ability to function in school, work or other important life activities?  ____Yes  ____No  

19. Within the past five (5) years, have you had or do you currently have any physical or neurological condition, including any disease or condition generally regarded as chronic by the medical community, which impaired or does impair your behavior, judgment, or ability to function in school, work or other important life activities?  ____Yes  ____No  

20. With the past five years, have you been diagnosed with or treated for pedophilia, exhibitionism, voyeurism, frotteurism, or sexual sadism?  ____Yes  ____No  

21. If you answered “Yes” to any of the above questions, are you receiving ongoing treatment (with or without medication) or are you participating in a monitoring program?  ____Yes  ____No  

22. If you answered "Yes" to questions 14-18, are the limitations caused by your mental condition or substance abuse/dependency problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program?  ____Yes  ____No  

If you answer “Yes” to either of the above questions you must submit a Form W/Surgical Assistant and all documents relevant to each event along with your application.

APPLICANT’S OATH

I, ______________________________________________________________, do hereby certify, under oath, that I am the person named in this Application for a Surgical Assistant License in the State of Texas; that all statements I have made in the Application for License, are true, correct and complete, to the best of my knowledge; that all documents, forms, credentials, and any other material furnished to the Texas Medical Board (Board) in relation to my application are true, correct, and complete, to the best of my knowledge.

In addition, I understand that a false or misleading statement determined to be fraudulent or deceptive shall result in the denial of a surgical assistant license in accordance with Sections 206.301-.302 of the Texas Occupations Code.

I further state that by filing this Application for a Surgical Assistant License in the State of Texas, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to practice as a surgical assistant. I agree to give any further information, which may be required, including but not limited to information requested on this application.

Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business or professional associates (past, present and future) and all governmental agencies (local, state, federal, or foreign) to release to the
Board or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application; necessary to determine my professional competence, professional conduct, or physical and or mental ability to safely engage in providing health care services. I further authorize the Board or its successors to release to the organizations, individuals, or groups listed above any information, which is material to this application, or any subsequent licensure.

--------------------------------------------------------------------------------------------------

Signature of Applicant
**INSTRUCTIONS:**
- You must list at least 2000 hours of active experience working as a surgical assistant below.
- The 2000 hours must be within the last three years only and under the direct supervision of a physician licensed in the United States.
- All experience listed below must be verified via “Performance Evaluation/Surgical Assistant” by your supervising physician according to instructions on that form.

<table>
<thead>
<tr>
<th>Dates (mo/yr – mo/yr)</th>
<th>Hospital / Clinic &amp; Address</th>
<th>Physician</th>
<th>Hours</th>
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(Make additional copies of this form as needed, to document 2,000 hours.)
APPLICANT must complete top portion – (Please Print)

EVALUATING PHYSICIAN  (Name, Degree & Institution)  

APPLICANT’S FULL NAME  

I WORKED AS A SURGICAL ASSISTANT FOR _______________ HOURS  FROM  ___________ TO  ___________.  

I authorize the release of the information contained in this form to the Texas Medical Board.

___________________________________________________  
Applicant’s Signature  

EVALUATING PHYSICIAN must complete remaining portion - (Please Print)

INSTRUCTIONS:
• You must be licensed in the United States either as a doctor of medicine or doctor of osteopathic medicine.
• You must have supervised the applicant working as a surgical assistant for a period in the past three years.
• Letters of recommendation are not accepted in lieu of this form.
• Once you complete this form please place in an envelope of the institution/group that you represent, seal the envelope and place your signature over the outside sealed envelope flap.
• You may return this form to applicant in the sealed envelope or send it directly to the Texas Medical Board via mail.

1. How long have you known the applicant?  ________ Years  ________ Months  

2. How many hours has the applicant worked under your direct supervision as a surgical assistant?  ________ Hours  

3. (a) Is the applicant related to you?  
   (b) Do you know the applicant well?  
   (c) Has your acquaintance with the applicant continued until recent date?  

4. Do you consider the applicant:  
   (a) Reliable?  
   (b) Ethical?  
   (c) Of good character?  

5. Has applicant, to your knowledge, ever been guilty of:  
   (a) Fraud or dishonesty?  
   (b) Unprofessional conduct?  

6. If the English language is not the native language of this applicant, do you feel that he/she has the ability to adequately communicate in the English language?  

7. To your knowledge, has the applicant ever:  
   (a) been warned, censured, disciplined, had admissions monitored or privileges limited?  
   (b) had disciplinary action taken against him/her by a licensing agency?  
   (c) been arrested, fined, charged with or convicted of a crime, indicted, imprisoned or placed on probation?  
   (d) been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in his/her behalf or paid such a claim him/herself?  
   (e) been placed on probation, asked to withdraw or reprimanded?  

8. Please rate the applicant:  
   (a) Professional ability  
   (b) Attention to duties  
   (c) Breadth of education  
   (d) Interpersonal skills  

EXCELLENT  |  GOOD  |  AVERAGE  |  ADEQUATE  |  POOR  


SA  1/13/17
9. If you answered "yes" to any of the previous questions on #5 and #7 of this form, please provide any additional information you may have, including the names of other individuals who may have information concerning this applicant.

10. Please rate the applicant:

<table>
<thead>
<tr>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>ADEQUATE</th>
<th>POOR</th>
<th>N/A</th>
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<tbody>
<tr>
<td><strong>(a) EXPOSURE</strong></td>
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<tr>
<td>(i) Positions patient appropriately for procedures without direction.</td>
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<td>(ii) Selects, places and holds retractors without direction.</td>
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<td><strong>(b) HEMOSTASIS</strong></td>
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<td>(i) Suctions and sponges without direction.</td>
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<td>(ii) Applies hemostatic devices without direction.</td>
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<td><strong>(c) TISSUE HANDLING</strong></td>
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<tr>
<td>(i) Demonstrates knowledge and assessment of tissue types.</td>
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<tr>
<td>(ii) Provides traction and counter-traction without direction.</td>
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<tr>
<td><strong>(d) SUTURES TISSUE / TIES SUTURE</strong></td>
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<tr>
<td>(i) Sutures skin (does not include application of skin staples)</td>
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<tr>
<td>(ii) Sutures sub-Q</td>
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<td>(iii) Sutures facia</td>
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<td>(a) for major pedicles</td>
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<td>(b) on clamped bleeders</td>
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<td>(c) for surgeon-placed stitches</td>
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<td>(d) for fascial stitches</td>
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<td>(e) for sub-Q stitches</td>
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<td>(f) for skin stitches</td>
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11. Are the hours and dates provided by the applicant on the top portion of this form accurate?  ____Yes  ____No

If not, please provide the correct hours and/or dates: Hours _______  Beginning MM/YY _____/_____  Ending MM/YY _____/_____  

All reports received by the TMB on a licensure applicant are confidential and are not subject to disclosure under the Texas Public Information Act; however, the TMB must disclose such reports to applicants if the reports are relied upon in a contested denial of licensure.

**EVALUATING PHYSICIAN — Please Print and Sign Below**

Name: __________________________________ Signature: __________________________________________

Address: ____________________________________________ Evaluating Physician

_________________________________________ Title: _____________________________________________

Email: ____________________________________________ License #: __________________ State: _______

Phone: ___________________________________________ Fax: ________________________________

Date: ____________________________

**REMEMBER:** Evaluating Physician, after completing this evaluation, please place this form in an envelope of the institution/group that you represent, seal the envelope and place your signature over the outside sealed envelope flap.
INSTRUCTIONS
FOR COMPLETING YOUR SURGICAL ASSISTANT LICENSURE APPLICATION

The following information is provided in order to help you complete your licensure application forms. Please type or print clearly in ink and provide full details for each question, including dates, complete names, addresses, and zip codes when applicable.

## APPLICATION FOR SURGICAL ASSISTANT LICENSE

You must complete all information on the application form and sign the oath.

## ADDITIONAL DOCUMENTATION

In addition to your application, the following documents are required. Please note other documents may be required. Should other documents be requested, you will be notified by your licensure analyst.

### Birth Certificate/Proof of Age:
You must submit a copy of your birth certificate or a copy of your current passport.

### Name Change Document:
If any of your documents show a name other than the name on your application, submit one of the following:

- Marriage - Furnish a copy of your marriage certificate.
- Divorce - Furnish a copy of your divorce decree.
- Adoption - Furnish a copy of your adoption order.
- Court Order - Furnish a copy of your name change document.

### Post-Secondary Education (Associate’s Degree):
You must have been awarded at least an associate’s degree at a two or four year institution of higher education. Request a certified transcript issued by the college/university, which indicates the date the degree was awarded, be submitted directly to the board from the college/university.

### Educational Program:
You must have a certified transcript of your educational program (either surgical assistant program, medical school, registered nurse first assistant program, or surgical physician assistant program) submitted directly to the board from the program/school in a sealed envelope with the signature of an official of the program/school over the sealed flap. A photocopy of your transcript will not be accepted unless it is sent directly from your educational institution with proper certification.

### Examination Verification:
You must have a letter submitted directly to the board from the appropriate testing service verifying that you passed a surgical assistant examination, or it may be sent to the applicant in a sealed envelope with the signature of an official of the testing service over the sealed flap. If it is sent to the applicant, the applicant must submit it to TMB in the original sealed envelope along with all other forms in the original sealed envelopes. To request your score report, contact the following:

- **ABSA (American Board of Surgical Assistants)**: www.absa.net
  303-617-8345 or 877-617-8345

- **NBSTSA (National Board of Surgical Technology and Surgical Assisting)**: www.nbstsa.org
  800-707-0057

- **NSAA (National Surgical Assistant Association)**: www.nsaa.net
  602-212-0479 or 888-633-0479

### Board Certification:
You must submit a copy of your valid and current certificate from the ABSA, NBSTSA, or NSAA.

### License Verification:
You must request a letter of current status (licensure verification) be sent directly to the board from all state/provincial licensing agencies through which you have ever been licensed, registered or certified.
<table>
<thead>
<tr>
<th><strong>WORK EXPERIENCE/SURGICAL ASSISTANT</strong></th>
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</thead>
<tbody>
<tr>
<td>Use this form to document completion of 2000 hours of full-time, active work as a surgical assistant.</td>
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</tbody>
</table>

List all supervising physicians in the last three years and their facility along with an accurate estimate of total hours worked for each.

You must then have a “Performance Evaluation” completed by each physician that you listed on the Work Experience form. See directions below.

<table>
<thead>
<tr>
<th><strong>PERFORMANCE EVALUATION/SURGICAL ASSISTANT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This form must be completed by each physician that you listed on the “Work Experience” form.</td>
</tr>
</tbody>
</table>

The supervising physician may return this form to you in the sealed envelope or send it directly to the Texas Medical Board via mail.

- Letters of recommendation are not accepted in lieu of this form.
- We will not accept residency participation or observerships in lieu of active surgical assistant experience.

Please note: If you have not been supervised by at least three physicians, you will be required to furnish a personal statement providing full details. You will be contacted following receipt of your application regarding this item.

<table>
<thead>
<tr>
<th><strong>ADDITIONAL DOCUMENTS</strong></th>
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<tbody>
<tr>
<td>Additional documents are available on the Forms section of the TMB website at the following link, <a href="http://www.tmb.state.tx.us/docs/forms">http://www.tmb.state.tx.us/docs/forms</a>.</td>
</tr>
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<table>
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<tr>
<th><strong>FORM R</strong></th>
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<tbody>
<tr>
<td>“Yes” response to Question 1-5 of the application.</td>
</tr>
<tr>
<td>This form must be completed ONLY if you have ever been arrested, convicted or placed on probation per application instructions.</td>
</tr>
</tbody>
</table>

Submit a separate Form R for each event and provide full details.

Have the arresting agency and court involved send legible copies of the arrest documents and court documents relating to the event directly to our Board.

<table>
<thead>
<tr>
<th><strong>FORM S</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“Yes” response to Question 6-10 of the application.</td>
</tr>
<tr>
<td>This form must be completed ONLY if you have ever been the subject of disciplinary action by a professional licensing entity as any kind of licensed health professional.</td>
</tr>
</tbody>
</table>

Submit a separate Form S for each disciplinary action taken by a professional entity and provide full details.

Have the authority or entity involved in the action send all records regarding the investigation, action or pending action directly to the board’s offices.

<table>
<thead>
<tr>
<th><strong>FORM U</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“Yes” response to Question 11-13 of the application.</td>
</tr>
<tr>
<td>This form must be completed ONLY if you have ever been the subject of disciplinary actions or investigations in education, training or during employment</td>
</tr>
</tbody>
</table>
Submit a Form U for each disciplinary action taken by while in undergraduate education; professional education such as medical, PA, acupuncture school, or other professional education required for licensure; or post-graduate education and provide full details.

Have the organization or entity involved in the action send all records regarding the investigation, action or pending action directly to the board’s offices.

**FORM V**

“Yes” response to Question 14-16 of the application.
This form must be completed ONLY if you have ever been named in a claim or action as any health professional.

Submit a Form V and detailed statement for each lawsuit or settled claim you have been named in.
Also submit:
- A copy of the plaintiff’s original complaint
- A copy of the disposition if the claim resulted in a suit.
- A corresponding “Form I/Surgical Assistant” completed by every carrier with whom a claim has been filed.

If the claim/suit is still pending, have the attorney who represented you (or who is currently representing you) send a letter directly to the board regarding the allegations, defense, current status and/or outcome of the suit.

**FORM I**

“Yes” response to Question 14-16 of the application.
This form must be completed ONLY if you have ever been named in a claim or action as any health professional.

Submit a Form I For each lawsuit or settled claim you have been named in.

Your liability carrier should complete the remaining portion of the form. The liability carrier may submit a claims report to accompany the Form I.

**FORM W**

“Yes” response to Questions 17-22 of the application. Use additional paper as necessary.
If you prefer to self refer to the Texas Physician’s Health program, please contact them at http://www.txphp.state.tx.us/ and sign the self referral portion of this form.

Form W is to be completed by those individuals who have, within the last 5 years:
- Either abused or been addicted to alcohol or drugs,
- been treated for drug or alcohol dependency,
- been diagnosed or treated for schizophrenia or any delusional disorder, bipolar or manic depressive disorder,
- been diagnosed or treated for major depression, personality disorder ,
- been diagnosed with or treated for pedophilia, exhibitionism, voyeurism, frotteurism, or sexual sadism,
- been treated for any physical or neurological condition generally regarded as chronic which may impair your behavior or judgment or ability to function or,
- been treated for any other condition which has the potential to impair the ability to function at home or at work.

You must complete a separate form for each incident. Each page must carry a signature and date.
Contact any treating physicians or other record holders and have the records sent directly to the board’s offices. Additional details are available on the Form W/Surgical Assistant form itself.

**TEMPORARY LICENSE AFFIDAVIT and FEE**

This form must be completed only if you desire a temporary license. The TL will not be issued until after ALL other licensing requirements are met. A TL does not have a license number.