

### Mandatory “Good Standing” Declarations

Pursuant to 15 V.S.A. § 795, 32 V.S.A. § 3113b, 21 V.S.A. § 1378b and 4 V.S.A. § 1110c you are required to answer the following:

#### Child Support

**You MUST check one:**

- I am not subject to a child support order; or
- I am subject to a child support order and I am in good standing or in full compliance; or
- I am not in good standing or in full compliance.

#### Taxes

**You MUST check one:**

- I am in good standing in regards to my Vermont Taxes (all returns are filed and paid); or
- I have never lived or worked in Vermont and do not owe Vermont taxes; or
- The liability for any Vermont taxes due and payable is on appeal; or
- I am in compliance with a payment plan approved by Vermont Department of Taxes; or
- I not in good standing in regards to my Vermont taxes.

#### Unemployment Compensation

**You MUST check one:**

- This does not apply to me because I have never been an employer in Vermont; or
- No contributions or payments in lieu of contributions are due and payable; or
- The liability for any contributions or payments due and payable is on appeal; or
- I am in compliance with a payment plan approved by the commissioner; or
- I am not in good standing in regards to unemployment compensation.

#### District Court Fines / Judicial Bureau Fines

**You MUST check one:**

- I do not have any unpaid judgments; or
- I am in good standing with respect to any unpaid judgments; or
- I am not in good standing in regards to unpaid District Court or Judicial Bureau fines.

Social Security # \_\_\_\_\_ \*      Date of Birth \_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_\_

\* The disclosure of your social security number is mandatory; it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used in the administration of Vermont law. Your Social Security Number Is Not Subject to Disclosure in a Public Records Request.

#### **Statement of Applicant**

I certify that the information stated by me in this application is true and accurate to the best of my knowledge, and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification status.

Signature of Applicant

Date

\_\_\_\_\_

\_\_\_\_\_