

- Executed Authorization and Release Form
- Affidavit of Completeness
- FBI Criminal History Report
- Delaware State Bureau of Identification Criminal History Report

NOTE: If you marked “No” for any of these documents, you must attach a document explaining (i) why you have not yet submitted those documents, (ii) whether and when you requested those documents from the appropriate source(s), and (iii) when you expect the Board will receive those documents (and why you expect that).

- (6) Each employer identified in my response to Question 12 on the Application has been sent a request to complete a Certification of Employment.

Yes No

If you marked “No,” please attach a document explaining why.

- (7) For each of the following items applicable to me, I have uploaded a true and correct copy of that item, including true and correct copies of all additional documents required to be submitted with a form.

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Decree or Confirmation for Name Change
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior Applications for Admission to the Delaware Bar
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 11A (United States Military Service)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 11B (Foreign Military Service)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 16 (Bonding Companies)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 17 (Record of Civil, Administrative, Other Proceedings)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 19 (Record of Bankruptcy or Insolvency)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 20A (Record of Criminal Cases and Traffic Violations Involving Alcohol or Drugs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 20B (Description of Evaluation, Treatment, or Counseling Relating to Matter Disclosed on Form 20A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 20C (Authorization to Release Medical Information Relating to Matter Disclosed on Form 20A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 21 (Record of Criminal Cases Not Involving Alcohol or Drugs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 22 (Record of Moving Traffic Violations Not Involving Alcohol or Drugs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 24 (Debt Defaults, Past Due Status, Account Revocations)

NOTE: If you marked “No” for any of these items, you must attach a document explaining (i) why you have not yet submitted the items, (ii) whether and when you requested the items from the appropriate source(s), and (iii) when you expect the Board will receive those items (and why you expect that).

- (8) I have submitted full payment of the non-refundable \$150 application fee.

- (9) I certify my understanding that:
- (a) my Application is not complete until the Board has received all required information and documents, and it is my responsibility to ensure that all required information and documents are provided to the Board;
 - (b) the Board will not conduct my character and fitness investigation and interview, which will mean I will not be eligible to receive a Certificate of Limited Practice as a Military Spouse, if my Application is not complete and this Affidavit fails to (i) identify what required information or documents have not been submitted with the Application, (ii) provide a reasonable explanation for why such information or documents have not yet been submitted, (iii) state and when I requested such information or documents from the appropriate source(s), and (iv) state when I expect the Board will receive that information or documents (and why I expect that); and
 - (c) if the Board determines at any time during the application process that I have not been diligent in providing the Board with information or documents required for this Application or requested by the Board, such lack of diligence may be grounds for the Board to reject my Application.
- (10) I certify that I will:
- (a) update my Application promptly if any information in my Application, including my contact information, is no longer accurate or complete;
 - (b) continue to update my Application as necessary to ensure that all of my answers continue to be true, accurate, and complete until I am issued a Certificate of Limited Practice as a Military Spouse; and
 - (c) ensure that my Preceptor receives a copy of all updates to my Application, except those that pertain to Questions 26, 27, or 28.

FURTHER AFFIANT SAYETH NOT.

Applicant

SWORN TO AND SUBSCRIBED before me,
this ____ day of _____, 20__:

Notary Public

My Commission Expires: