## DECLARATION OF PRIMARY STATE OF RESIDENCE

_____ ☐ RN ☐ LPN _____
Missouri License Number Last 4 Digits of Social Security Number

NAME AS CURRENTLY IN OUR SYSTEM

_____ _____
Last Name (Printed) First Name (Printed)

**NEW INFORMATION**

_____
Last Name First Name Middle Name

(_____)_____ (_____)_____ _____
Daytime Telephone Number Alternate Phone Number E-mail Address

**PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)**

Physical address required, **PO boxes are not acceptable**

CITY STATE ZIP

***MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)***

STREET OR PO BOX

CITY STATE ZIP

☐ I declare _____ as my primary state of residence effective _____.
(primary state of residence) (effective date)

☐ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

Information on the Nurse Licensure Compact can be found at www.ncsbn.org/nlc.htm
In accordance with the Nurse Licensure Compact **"Primary State of Residence"** is defined as the state of a person's declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

- Driver's license with a home address
- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
- W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

**Proof of any of the above may be requested.**

**When your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.**

**When your primary state of residence is a compact state other than Missouri, your Missouri license will be placed on inactive status and you can practice in Missouri based on your unrestricted multi-state license from another compact state.**

I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

→_____ _____
**Signature *(This form must be signed)*** Date

Complete, SIGN and Return to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 Or Fax to 573-751-6745
or Scan and Email to nursing@pr.mo.gov