



STATEMENT OF AGE

As per UCA 32B-1-404 and 32B-1-405
(Completed by Licensee)



FULL LEGAL NAME:				
LAST	FIRST	MIDDLE	TITLE	
WEIGHT:		EYE COLOR:	DATE OF BIRTH: _____ Month/Day/Year	
HEIGHT: _____ FEET _____ INCHES		SEX: _____	HAIR COLOR: _____	

TYPE OF IDENTIFICATION PRESENTED

DRIVERS LICENSE NUMBER: _____	STATE: _____
IDENTIFICATION CARD: _____	STATE: _____
MILITARY IDENTIFICATION NUMBER: _____	BRANCH: _____
PASSPORT NUMBER: _____	ISSUING COUNTRY: _____
NO IDENTIFICATION HOWEVER APPEARS TO BE OVER 35 YEARS OF AGE: YES <input type="checkbox"/> NO <input type="checkbox"/>	

I am currently _____ as of today's date.
(print current age)

I, _____, undersigned, state I and the individual described above
(print full name)

on this form and that the information recorded herein is true and correct to the best of my knowledge. I am fully aware that if it is found that I knowingly provided false information on this form that I would be subject to criminal prosecution.

Signature of above described individual Date: _____
Month/Date/Year

WITNESS: If they have no identification and are in the company of someone who has proper identification that person may attest below as per UCA 32.8-1-405.

I, _____, the undersigned do attest that the information recorded above on this form is true and correct
(print full name)
to the best of my knowledge. I am fully aware that if the above information is found to be knowingly false that I would be subject to criminal prosecution.

Signature of above stated witness Date: _____
Month/Date/Year

Accepted by: _____	Title: _____
Printed name of Liquor License Employee	
_____ Signature of Liquor License Employee	Date: _____ Month/Date/Year