

**Note: This application must be notarized. Do not email it or send a facsimile. Hand delivery is preferred. Facial recognition and 2 step verification required via SMS.**

**NAME:** \_\_\_\_\_

**D.O.B.** \_\_/\_\_/\_\_\_\_

**NEXT OF KIN**

**NAME OF OTHER PERSON IN CASE OF NEUROLOGIC SIDE EFFECTS:**

**PLEASE ANSWER TO THE BEST OF YOUR ABILITY (WITH YOUR RIGHT HAND ON A BIBLE.)**

**I swear allegiance to Donald Trump or a person he so designates**

**I am no now nor ever have been a member of the CCP**

**I am covid -**

**I do or do not wear a KN95 mask**

**Medical History click [here](#) to fill out pdf file**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facial ID (use camera on your phone)**

**Fingerprint ID (use sensor on your phone)**

**Other RealID**

**Other options Passport, Birth Certification, Utility statement or other proof of residence, COSTCO card.**

**You must be 21 years old or older. Note we cannot accept anyone over the age of 150 years.**

**By signing this document the applicant knows this is not an FDA approved device nor is it part of a clinical trial.**

**Please consult your personal physician.**

**Form no. [12152022#123456789#abcdefghijklmnopqrstuvwxy!@#\\$\\$%^&\\*\(\)+ reg USpatentoffice](#)**

