



WEST VIRGINIA
DEPARTMENT OF TAX AND REVENUE
INTERNAL AUDITING DIVISION
P. O. BOX 2666
CHARLESTON, WEST VIRGINIA 25330
(304) 558-8500

WV/DRUG-2
REV. 6/92

DRUG PARAPHERNELIA AFFIDAVIT

(Must be completed by applicant and each employee authorized to sell drug paraphernalia)

WEST VIRGINIA IDENTIFICATION NUMBER

(FEIN or Social Security Number) _____

BUSINESS NAME _____

ADDRESS _____

Employee's Social Security Number _____

Date of Birth _____

Name _____

Home Address _____

I, the undersigned, swear that I have never been convicted of a drug-related offense.

(Signature of Applicant)

(Date)

Subscribed and sworn to before me on this _____ day of _____, 19_____.

SEAL:

(Notary Public)

My commission expires _____