



AFFIDAVIT OF CERTIFICATION FOR OUT-OF-STATE APPLICANTS

*This form must be signed and sworn to by each qualifying owner of the applicant firm.
Use additional forms if necessary.*

ANY MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION OR AFFIDAVIT IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (print full name), declare under penalty of law that I have submitted all of the information required by 49 CFR 26.85(c). This information is complete and, in the case of the requirements of § 26.85(c)(1), is identical to the information which served as the basis for my home state DBE/MBE/WBE certification. Further, I declare under penalty of perjury that all facts in my most recent on-site report remain true and correct.

Signature

Date

NOTARIZATION

Before me, this day _____ of _____, 20____, personally appeared, _____, known to me to be the person described in the foregoing statement and acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained and that the statements contained therein are true and correct.

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL:

Notary Public
SEAL

Notary Public

My Commission Expires