

**DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
OUT-OF-STATE APPLICANT AFFIDAVIT OF CERTIFICATION**

Per 49 CFR Part 26, this form must be signed and sworn to by each owner of the applicant business. Use additional form(s) if more than one owner.

ANY MATERIAL, 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 certification. Further, I declare under penalty of perjury that all facts in my most recent on-site report remain true and correct.

Date _____

Signature _____

NOTARIZATION

Before me, this ___ day of _____, 20___, personally appeared and known to me to be the person, described in the foregoing statement, acknowledged that he/she executed the same in the capacity therein 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

My Commission Expires: _____

Notary Public

SEAL