



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

Date \_\_\_\_\_ Signature \_\_\_\_\_

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### 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

Notary Public  
SEAL

My Commission Expires: \_\_\_\_\_