

APPLICATION AFFIDAVIT

I/We, the undersigned making application, certify under penalty of perjury that all information contained in the certification application and all documents submitted in support of the certification application are true and accurate. I/We further certify that the applicant firm will comply with all rules, regulations and laws governing or pertaining to the City of Cincinnati Minority and Women Business Enterprise Program and Small Business and Local Business Enterprise Programs, as applicable.

ALL OWNERS MUST SIGN IF APPLICANT IS SEEKING SBE, SLBE or ELBE CERTIFICATION. IF THE APPLICANT IS ONLY SEEKING MBE, MWBE &/OR WBE CERTIFICATION, EACH OF THE QUALIFYING (i.e., minority or woman) OWNER(S) OF 51% OR MORE MUST SIGN.

NAME _____ SIGNATURE _____

TITLE _____ DATE _____ PHONE () _____

NAME _____ SIGNATURE _____

TITLE _____ DATE _____ PHONE () _____

NAME _____ SIGNATURE _____

TITLE _____ DATE _____ PHONE () _____

NAME _____ SIGNATURE _____

TITLE _____ DATE _____ PHONE () _____

Subscribed and duly sworn before me according to law by the above named applicant(s) the

_____ day of _____, 20____,

County of _____ and State of _____.

SS

Notary Public